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The Role of Differentiation of Self and Death Anxiety In Predicting Martial Adjustment Following the Death of an Adult, Married Child's Biological Parent

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THE ROLE OF DIFFERENTIATION OF SELF AND DEATH ANXIETY IN
PREDICTING MARITAL ADJUSTMENT FOLLOWING THE DEATH OF AN
ADULT, MARRIED-CHILD'S BIOLOGICAL PARENT

BY

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Submitted in Partial Fulfillment
of the Requirements for the Degree
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DEDICATION

Dedicated to my wife Linda

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CHAPTER I

INTRODUCTION

Death is the end of life, as we know it. The nature of the grieving that follows loss is a reaction that is unique to each bereaved person. Loss can be primary, as in the death of someone loved, or secondary, as in the loss of something valued by an individual such as one's health, job, or marriage (Keitel, Kopola & Robin, 1998). The end of a loved one's physical existence is a universal experience affecting all families and occurs around the world on a daily basis (Karpel, 1994). One of life's certainties is that eventually each and every person born will one day inevitably die. The National Center for Health Statistics (2000) estimated that 2,338,070 deaths occurred in the U.S. in 1998, or about 470.8 deaths per 100,000 in the population. Life expectancy rate from birth reached a new high of 76.7 years in the U.S. in 1998. Bronson (2000) estimated that the world's mortality rate for the year 2000 was 0.9 percent. This means that 1 out of every 111 people in the world died in that year and that, on average, 1.76 people die every second. In searching for the meaning of aggregate statistics on death for individuals and families, the effects of a death upon the survivors must also be considered (Habenstein, 1968). It is prudent to assume that the loss of a solitary life typically affects the lives of many. Death may be the end of suffering for the

departed, but for the bereaved it may signal the beginning of emotional pain associated with the loss.

What is less known about mortality is what will be the time, place, and circumstance of any given individual's demise. The uncertainty surrounding the death of self and others can give rise to debilitating fears, stressors, anxieties, and other emotional challenges (Kubler-Ross, 1969). Death can occur in many different ways and in a variety of circumstances. "It can be sudden, violent, gradual, or even ambiguous" (Walsh & McGoldrick 1995, pp. 147-8). The sudden cessation of life can be through accident, murder, suicide, or sudden illness, whereas the gradual loss of life may occur through a long, protracted illness, such as cancer. Ambiguous loss occurs when the death of a person has not been positively confirmed, such as the report of a soldier missing in action (Boss, 1999). Personal as well as familial loss can also occur in regard to a person who has been in a persistent vegetative state or who suffered from advanced Alzheimer's disease. The individual suffering from dementia will experience the loss of his or her mental functioning and family members will experience the loss of an identity of a person that they knew and loved. In such cases, there is not the loss of physical life but extensive physical and cognitive impairment (Umberson & Chen, 1994). Death may also be attributable to natural causes such as in the normally anticipated end of a long-lived life.

In addition to the experience of death as loss, there are other types of losses that impact an individual and family. Helping professionals categorize these losses as concurrent, sequential, multiple, truant, and secondary (Beder

1998). With concurrent loss the professional helper is struggling with losses similar to those of a client with whom he or she is counseling. Any helping professional may be subjected to the challenges encountered with concurrent loss. Sequential loss takes place when an individual experiences several losses within a short time frame as when several members of an extended family die within a year's time. Truant loss is evidenced in an individual's attempt to deny or distance one's self from a loss that has happened in one's life. Lastly, secondary loss results from a person having experienced another non-death loss, which can result from traumatic experience, divorce, loss of mobility, or relocation, for example, a widow having to move out of her home after the death of her husband. Zinner, Williams, Ellis, and Richard (1999) identified another type of loss that they refer to as traumatic loss. Loss that impacts large groups of individuals and families can take many forms, such as war, natural disaster, murder, and major accidents. Zinner et al. referred to such losses as community loss. These are categorized as natural versus transitory. Natural loss involves whole groups of people connected by geography, profession, or ethnic group. A transitory loss happens to individuals brought together at a particular point in time, such as a graduating high-school class. It is important to recognize that a group is connected to loss via a common bond (Zinner, Williams, Ellis, & Richards, 1999).

The uncertainties of the when, how, and where of life's "final act" also give rise to reactions that can range from uncontrollable hysteria and despair to total denial of the loss. Other emotional reactions may include anxiety, stress,

depression, withdrawal, shame, despair, sadness, loneliness and anger (Kubler-Ross, 1969; La Grand, 1985; McNeil, Silliman & Swihart, 1991; Podell, 1989).

Changes in sleep pattern, appetite, and physical illness can develop (Bendikson & Fulton, 1976; Osterweis, Solomon, & Green, 1984; Raphael, 1983; Seligman, Gleser, Rank, & Harris, 1974). Additionally, work, personal relationships, and normal day-to-day activities may be compromised. The emotional closeness of a relationship defines the degree of grieving that occurs (Kaltreider, Becker, & Howowitz, 1984). The basic reactions underlying all grieving responses regarding loss can be categorized as denial, anger, bargaining, depression, and acceptance, which vary in degree with each grieving person (Kubler-Ross, 1969). Regardless of the many specifics that contribute to the end of a person's mortal life, the reaction to the loss of a significant other is characterized by intense feelings, and the accompanying grief requires significant emotional and social adjustment (Uhlenberg, 1980). Many individuals who enter therapy are dealing with loss on some level (Beder, 1998). Although age is no guarantee regarding the timing of the cessation of an individual's life, death frequently and hopefully follows a chronological pattern, as when the advancement of age brings one closer to life's end. According to Kerr & Bowen (1988), "nature is neutral" (p. 32), and unfortunately death does not discriminate between the young or old, for it affects people of all ages and stages of life including childhood, young adulthood, middle age, and old age. Bereavement involves a deep sense of shock and is considered to be the most traumatic for families mourning the loss

of a family member and marital partners grieving the death of a spouse (Hollander, 2001; Kubler-Ross, 1997).

Once the grief has been accepted (Arditti & Prouty, 1999), the bereavement process begins. The emotional and intellectual acknowledgement of a loss allows the suffering or bereavement process to unfold. The mourning that follows is an idiosyncratic expression by the bereaved person. We all grieve, but in unique ways. The manner of grieving is influenced by factors such as religion, culture, society, personal beliefs, the person who died, and the relationship with the departed. It has been shown that people in different cultures react to death in different ways (Huntington & Metcalf, 1979; Beder, 1998).

The grieving process has been divided into four different types: disenfranchised, complicated, traumatic, and simple (Parkes, 1998b). Robak and Weitzman (1998) identified disenfranchised grief as being when a loss is experienced, but the need to grieve is not socially recognized, as in the loss of a beloved pet or of an elderly parent. Complicated grieving is a difficult, long-term state occurring after traumatic loss and it often follows death that is sudden, unexpected, preventable, and/or involving a child. Simple grieving follows a pattern that starts with emotional intensity, and then, gradually, somewhat predictably, the intensity declines within a period of one year. Parkes (1998a) also suggested that grief can be hidden or chronic. Hidden grief is characterized by solitary mourning while chronic grief is identified by the absence of resolution or of acceptance regarding the loss.

Who are the people that die? How does the death of a specific person impact one's perspective on life and relationships? The list of people who die can be as long as the number of people one knows, be they intimate, familial, or familiar acquaintance. Because loss is unique to each person, there is no way to establish a ranking or emotional intensity for everyone (Moss & Moss, 1984). Although no loss is unfelt, the loss of a child to a parent can be considered one of life's most painful tragedies (Cain & Cain, 1964; Rosenblatt, 2000). The premature death of a child has cheated the young person out of life itself. When death takes place outside of what is considered to be a chronologically appropriate time, the surviving loved ones feel cheated. As Rando (1986) has pointed out, the death of a young child in the family is often thought to be particularly tragic, and is likely to result in the parent's experiencing highly distressing and long-lasting grief. Rando's (1988) research highlighted the stress that such a death can place upon marital relationships and reported divorce rates as high as 80 percent among bereaved parents. In contrast to what has been written about the impact of a child's death on the quality of the surviving parents' marital relationship (Bluebond-Langer, 1978; Luben, 1989; Rando, 1985), research on the loss of a parent by an adult-married child and its impact on the quality of the marital relationship appears limited (Umberson & Chen, 1994; Winsborough, Bumpass, & Aquillo, 1991). According to Skowron (2000), few empirical studies exist that directly test the relationship between differentiation of self and marital adjustment.

Statement of the Problem

Umberson (1994) stated that the death of a parent is much more likely to occur when children are middle-aged than when they are minors. Only one in ten children has lost a parent by age 25, but by age 54, 50 percent of children have lost both parents, and by age 62, 75 percent have lost both parents (Winsborough, Bumpass, and Aquilino 1991). While the death of a parent is a common life event of adulthood, there has been little research on how the death of a parent affects adult children (Winsborough et al. 1991). In a survey of 220 bereaved adult children, Scharlach (1991) concluded that 25 percent of the respondents experienced impaired social and emotional functioning from one to five years following the loss.

Background of the Problem

"The concept of the 'adult child' is enigmatic. What does it mean to be a child and adult simultaneously? Child brings to mind dependency, immaturity and youth; adult connotes independence, maturity, and age" (Moss & Moss, 1984 p. 67). Because of the inherent dichotomy of what appears to be two mutually exclusive words (adult and child), research in the area of "adult child" appears to be lacking. The concept of "parent" as it relates to the "adult child" only adds to the confusion. "Perhaps some of the explanation for ignoring the impact of the loss of a parent comes in our relative disregard of life tasks specific to middle age -- a time when a large number of parental deaths occur. Parental loss may seem to pale in importance against the need to work on one's marital relationship,

career goals, parent-adolescent conflicts and reassessment of the self" (Moss & Moss, 1983, p. 66).

Theoretical Rationale

A large body of research, including works by Bateson, 1972; Bowen, 1978a; Jackson, 1968; Minuchin, 1974; Napier & Whitaker, 1978; and Palazzoli, 1978 encompasses and defines the concept of systems as it applies to family systems. Bowen (1966) postulated that order and predictability exist in human family relationships when one considers connections and relationships rather than individual characteristics. According to Kerr and Bowen (1988), family systems theory is founded on the premise that each member of a family is an integral part of a larger family/group system that functions both independently and interdependently. Achieving an emotional and intellectual balance that allows for emotionally mature individual expression, yet maintaining optimal group connectedness to one's families of origin, is referred to in family systems theory as "differentiation of self" (Kerr & Bowen, p. 12). This forms the cornerstone of Bowenian family systems theory and therapy. Kerr and Bowen stated that "the more differentiated a self, the more a person can be an individual while in emotional contact with the group" (p.94). Furthermore, they reported that differentiation is best achieved when the intellect is the dominant structure of the ego identity that contains and manages the emotionality. Kerr and Bowen maintained that "the higher the level of differentiation of people in a family or other social group, the more members can cooperate, look out for one another's welfare, and stay in adequate contact during stressful as well as calm periods.

The lower the level of differentiation, the more likely the family, when stressed, will regress to selfish, aggressive, and avoidance behaviors; cohesiveness, altruism, and cooperativeness will break down" (p. 93). The greater the balance between these two seemingly opposing forces of emotionality and intellect, the higher the level of differentiation. The lesser the balance, the lower the differentiation of self for the individual (Bowen, 1978a). The development of a self is contingent upon the capability of an individual to individuate oneself from others in what has been called by Kerr and Bowen (1988), the "togetherness force" that defines the family members as alike in terms of important feelings, philosophies, and life principles. Nowhere is the "togetherness force" more important than in close family members. "The loss of a parent, a child, a sibling, or a spouse disrupts family patterns and requires readjustment" (Uhlenberg, 1980, p. 313). Nowhere is loss greater than in the death of a close family member (Anderson, 1980). The more differentiated an adult child is at the time of parental death the better the adult child will be able to cope with a parent's death (Scharlach, 1991). The converse is also true. The less differentiated an adult child is the less able the individual will be to cope with such a loss. Kerr and Bowen (1988) stated that "the higher the level of differentiation, the greater a family's ability to adapt to events such as deaths of especially important family members" (p. 232). Individuals who are least differentiated are more likely to present problems of debilitating anxieties such as death anxiety (McMordie, 1982). These difficulties are evidenced in an individual's relationships with others.

Differentiation of self as a predictor of marital harmony following the death of an adult, married-child's parent was explored in this study. The goal of this study was to address specific levels of differentiation. Of particular importance will be how levels of differentiation related to adaptability, especially when an adult-married child was confronted with the stressors and anxieties associated with the loss of a parent. This research investigated whether lower levels of differentiation of self significantly decreased the quality of an adult child's marital relationship following the death of a parent. Other areas that were examined included levels of differentiation of self and marital harmony as they related to gender differences and the role of death anxiety and its impact upon the marital relationship.

Andrew Scharlach (1991) observed that the resolution of filial grief is apt to be particularly difficult for persons who are not able to fully individuate and to have achieved a sense of autonomy from a parent before he or she dies.

It is important to recognize that the terms *individuation* and *autonomy* are not synonymous and their relationship to the "togetherness factor" is conceptually different from each other.

The term *individuation* is a life-long process of evolving into an individual who reflects uniqueness and distinct personhood. One's preferences, dislikes, values, opinions, habits, perceptions, personality and idiosyncracies all contribute to one's sense of "I" or "me." In the individuation process one attempts to fulfill one's potential of becoming a fully functioning person with the goal of becoming actualized rather than autonomous. Individuated persons

recognize that in spite of one's uniqueness one is a part of and not separated from humanity. As human beings we all share similarities, be it in our language, emotions or in the content of our bodies. We understand that in spite of our uniqueness we as a species do not exist in isolation and that it is only through interactions and interdependence with other people that wholeness can be experienced.

According to Kerr and Bowen (1988) both individuality and togetherness are biologically rooted life forces. The former "propels an organism to follow its own directives, to be an independent and distinct entity" (p. 64) whereas the latter "propels an organism to follow the directives of others, to be a dependent, connected, and indistinct entity" (p.65).

Significance of Study

The death of any family member affects the structure and dynamics of families (Perkins, 1990; Uhlenberg, 1980) and is considered to be a stressful and common life event (Umberson & Chen, 1994) that can result in substantial strain. The scientific literature suggests that such life events often have adverse effects on marital quality (e.g., Belsky, Lang, & Rovine, 1985; Larson, 1984; Sutor, 1987; Sutor & Pillemer 1994). The death of a parent is considered to be one of the most common events affecting middle-aged adults who range between the ages of 35 to 54 years (Umberson, 1995). The burgeoning population of middle-aged persons and the growing elderly population is increasing the number of middle-aged adults affected by the death of an aged parent. Because of the high number of people who experience such a loss, the question of how parental bereavement

affects social and personal relationships appears to be an issue that requires more attention.

This present study also involved examining how the stressful life event of losing a parent in adult life affected an adult, married-child's marital quality. According to Umberson (1995), "bereavement following the death of a parent might well impair the bereaved individual's usual ability to maintain family and work roles, thus leading to a decline in marital quality" (p. 711).

Marital dissolution is a serious social issue in terms of its negative consequences for the mental and physical health of spouses and their offspring. Examining the link between bereavement and the quality of marital relationships can provide clinicians with a better understanding of how to intervene and assist individual family members who have experienced a significant loss and how to identify those who may be experiencing unresolved grief, death anxiety, and psychological distress as evidenced in outcomes such as depression. McLeod and Eckberg's research (1993) showed that depression and anxiety in a spouse may lead to a decline in marital quality. This study explored whether parental bereavement, low level of differentiation, unresolved grief, and death anxiety are factors contributing to marital adjustment. The role of stress (parental death), death anxiety, and level of differentiation of self were examined as they related to assessing individual functioning within the interpersonal context of marriage. Umberson (1995) stated that "marital quality does appear to be affected by the death of a parent in a national sample, and in a negative direction" (p. 721). Most studies of loss and grief, however, are not based on parental bereavement, but

rather are focused on the experience of the death of a spouse or child (Kaltreider & Mendelson, 1985b). Howowitz et al. (1981) stated that, when interviewed two months post bereavement of a close family member, 33% of the field subjects endorsed high levels of "intrusive symptomatology," such as unbidden images, pangs of sadness, and nightmares (p. 316).

A person's emotional maturity and unique patterns of thinking and behaving, referred to by Bowen (1978) in his Family Systems Theory as level of differentiation of self, may be mediative variables in how an adult child adjusts to the loss of a parent and may impact the quality of the marital relationship. Although there are many complex factors contributing to a decline in marital quality, this study researched the specific hypothesis that the lower a person's level of differentiation, the greater the impact of the parent's death was on the adult child's adjustment in the marital relationship. This study involved examining Bowen's (1978a) contention that under high levels of stress and anxiety such as the death of a parent, less differentiated individuals were unable to maintain intimacy while highly differentiated individuals were able to do so.

The impact of parental death on individuals and their relationships was examined in this study, specifically the nature of the relationship between levels of differentiation of self (Bowen, 1982) and satisfaction with the marital relationship following the death of an adult child's parent(s).

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter contains an overview of relevant studies from previous research on the impact of the death of a parent and how it affects family structure. This literature review begins with studies on death and loss in general, and then focuses on the loss of a parent by an adult married child. Although many factors, including age, birth position, and age-sex configuration of siblings are important to understanding the complexities of death in a family, these issues are beyond the scope of this study and will not be addressed in this review. Of special concern is research specifically focused on how the dyadic relationship of husband and wife is affected by parental loss. Of particular importance is research addressing the question of what significance an adult-married child's levels of differentiation has on marital adjustment following the death of a biological parent.

Death in the Family

"The higher the level of differentiation, the greater a family's ability to adapt to events such as deaths of especially important family members" (Kerr & Bowen, 1988, p. 232).

The death of a family member is generally considered to be a stressful life event. Holmes and Rahe (1967) maintained that the loss of a spouse may be the most stressful life event. Clayton (1998) suggested that the loss of a child is at

least as stressful to family members, if not more so. Bowen (1978B) described the death of a family member as an event “that can potentially disturb the balance of a family emotional system and trigger an escalating cycle of anxiety” (p. 234). Certainly the death of any family member can be viewed as a crisis that profoundly affects the family as a whole (Bernstein, 1998). A large body of research on the death of a child and its impact upon family members has been explored (Brabant, Forsythe, & McFarlain, 1994; DeMontigny, Beaudet, Dumas, 1999; Detmer and Lamberti, 1991; Rosenablatt 2000); as has the impact on the surviving child, following a parent’s death (Fristen, Jedel, Weller & Weller 1993; Koocher, 1974; Raveis, Siegel & Karus, 1996; Reilly, Hasazi, & Bond 1983; Schonfled & Kappelman, 1990).

The literature, as it pertains to the experience of infant and child death on a marital relationship, is limited regarding the effects on a marital relationship. Lang and Gottlieb (1993) specifically focused their research on parental grief reactions and marital intimacy following infant death, while Oliver (1999) conducted an extensive review of the clinical and empirical literature on the effects of a child’s death on marital relationships. A literature review revealed few studies that addressed the impact on an adult-child’s marriage following the death of a parent.

This focused literature review attempts to provide a clear and precise overview of systemic dynamics related to potential losses that a family can experience. It is followed by what is hoped to be a comprehensive profile of

systemic dynamics impacting the adult child's marital relationship following the death of a parent.

Death of a Child

Fletcher (2002) addressed the issue of child death by poignantly stating that the "concept of the death of a child is unfamiliar, uncomfortable, and, we think unlikely" (p. 58). The perceived unfairness of such an untimely death challenges family survivors to find personal wholeness and to make sense of what is viewed as a senseless end to a life that had just begun. The incidence of infant and child death approaches 42,000 persons yearly in the United States alone (Hoyert, Kochanek, & Murphy 1999). Uhlenberg (1980) documented that "at the beginning of this century about 140 infants out of every 1,000 born died in the first year of life" (p. 313). The number of grieving family survivors associated with these premature deaths is staggering. The number of people who go through this experience yearly certainly adds credence for the need to understand what happens to families who grieve the death of a child. Certainly the death of one family member affects all members within the family constellation, including the marital dyad (Rando, 1986). In her research on reactions to the death of a child, Raphael (1983) pointed out that all subsystems of the family are affected. Oliver (1999) stated that the death of a child "has momentous and potentially devastating effects on individual, marital, and family functioning" (p. 197). Frequently the surviving parents attach blame to the child's death. Questions of what could have been done to prevent such a tragedy will echo in the minds and hearts of parents who desperately try to understand

such a profound loss. In addition to the loss of a child, parents are confronted by what they may perceive to be an empty future where there is the loss of hopes and dreams of all future experiences and accomplishments of the child. That child's future can only be imagined, yet imagination, fantasizing about what could have been is no escape from the pain. It is important to note that regardless of age, pain associated with the loss of a child is intense, long-lasting, and complex. However, there are a number of elements affecting a parent's grief when mourning the death of an older or adult child. In contrast to the premature loss of an infant or young child, the adult child has reached full adulthood and hopefully has lived up to some of his or her potential. It is not unusual for an adult child to be in one's thirties, forties, or older at the time of death. With an adult child, the relationship with surviving parents has evolved for many years. At times the nature of this relationship can take on the properties of a mature, independent friendship versus a parent's playing the role of an authority figure or disciplinarian. Disenfranchized grief can be heard in comments from others when they imply that the grieving parents should be grateful that at least they had their child for many years before his or her being taken from them. The legacy of losing an adult child can be the guilt heard in a surviving parent's comment that it is not right for their parents to outlive their progeny.

In a study of 57 bereaved parents, Gottlieb and Lang (1993) showed that mothers experience grief differently than fathers and that clinicians should not overlook each parent as an individual as well as the couple as a whole when counseling bereaved parents. Bernstein (1998) addressed the emotional

evolution of surviving parents at five years or more after the deaths of their children. It is apparent from these studies that many complications of a child's death have far-reaching consequences and challenges that do not appear to be eased with the passage of time. Many parents inwardly feel that any attempt to forget or emotionally distance one's self from a lost child is a disloyalty that can prompt feelings of guilt about feeling better. It is clear that the cataclysmic experience of losing a child is a highly complex process that may challenge family members for a lifetime in the elusive search for ultimate peace and understanding.

As previously stated, it is not the intention of this focused literature review to provide a comprehensive overview of how other individuals and dyadic relationships such as brother/sister, grandmother/grandfather are affected by the death of a young family member. However, it would be erroneous to assume that a cursory mention of them implies that the degree of pain and associated complications related to a family loss is any less for these surviving family members. Fry's (1997) exploratory study of grandparents' reactions to the death of a grandchild supports the premise that a grandparent's grief is equally complex. The results of this empirical study of 152 grandparents who had experienced the death of a grandchild in the preceding three years supported the finding that the grandparents' grief is multidimensional and that the results are suggestive of the mental-health implications for bereaved older adults. Certainly the loss of a child, a sibling, parent, grandparent or spouse

disruptively affects family dynamics, and patterns, and requires recovery and readjustment.

Death of a Child's Parent

The effects of a parent's death on young children are substantial (Bowden, 1993). What does a child typically experience after losing a parent or other family member? A child will face unique challenges because of age and lack of previous experience with loss (Black, 1998). Black addressed the issue of children and grieving, as well as the different ways in which bereavement manifested itself in a child. "One child in five is likely to develop a psychiatric disorder and in the year following bereavement, children commonly display grief, distress, and dysphoria" (Dowdney et al., 2000, p. 819).

Black hypothesized that continuous availability of a caretaker is important to a young child's emotional and social development. Furman (1974) stated that children are capable of grieving, but this process will manifest itself mainly in bodily reactions such as feeding difficulties, bed-wetting, constipation, and sleep problems. Other grief reactions in children might include an increase in activity or behavior problems. Parkes (1998a) stated that a child may experience hallucinations involving the deceased parent. These may be interpreted as a person returning from the dead, or in some way persecuting a child, causing severe anxiety. Anxiety can also develop in children who begin to worry about something happening to the other parent. This is further complicated by the fact that a child may hide his or her feelings from adults, which may be interpreted as the child having recovered or not being impacted by the death. Most children

will regain their previous functioning after several weeks, (Fristan, Jedel, Weller & Weller, 1993). However, Black and Urbanowicz (1985, 1987) maintained that 40% of bereaved children show disturbance one year after a parent's death occurred. Another concern regarding children and grieving has to do with wanting to be reunited with the deceased, and that this may cause a child to experience suicidal thoughts. However, these thoughts are rarely acted upon (Weller, Weller, Fristad & Bowes, 1991). By the time a child is five-years-old, he/she is able to understand that death is permanent, and that the deceased will not return to life. However, a child of five may have difficulty understanding that the physical appearance of a dead person is different than when one was alive (Lansdown & Benjamin, 1985).

According to Birtchnell (1970a), those who lose a parent in childhood may be more vulnerable to emotional difficulties, such as depression and anxiety. Birtchnell (1970b) also maintained that suicidal attempts are more common in adults who experienced bereavement in childhood. Certainly when a family member dies, all members, from the youngest to the oldest, will encounter numerous challenges and difficulties in an attempt to resolve the conflicts and confusion, and they will make attempts to redefine, adjust to, reconcile, and make sense of the loss.

Death of a Sibling

Birenbaum, Yancy, Phillips, Chank, and Huster (1999) empirical study of assessing children's and teenagers' bereavement when a sibling dies from cancer was analyzed utilizing extensive psychometric data. The results showed that

siblings of the deceased child, specifically adolescents, may be more at risk for emotional, cognitive, and social problems than other age groups that were studied regarding loss of a sibling. Many bereaved children manifest behavior patterns that are more similar to children with mental-health problems than to non-grieving children (Birenbaum, Robinson, Phillips, Stewart, & McCown, 1988-1989; Cain, Fast & Erickson 1964; Jurk, Ekert & Jones 1981). Emotional issues of guilt (Jurk, Ekert & Jones 1981; Ateul, Williams, & Camar 1988), anger (Ateul, Williams & Camar 1988; Binger et al. 1969), fear (Cain, Fast & Erikson 1964), sadness (Mahon & Page 1995) and hopelessness (Atuel, Williams & Camar 1988) have been extensively researched in children who have suffered the loss of a sibling. Studies also included examination of cognitive processes of confusion (Balk, 1983), distorted conceptions of illness (Cobb 1956), and death (Cain, Fast & Erickson 1964; Sekaer 1987). Research regarding social relationships have been conducted by Tietz, McSherry & Britt (1977) and Lauer, Mulhern, Bohne, and Camitta (1985). A significant finding in Birenbaum's study (1999) is that there appears to be an age difference in expression of symptoms relating to the emotional, cognitive, and social reactions to the death of a sibling.

Death of a Grandparent

Frequently a child's first experience with death is either the death of a beloved pet or the death of a grandparent. Although the death of a grandparent may be less traumatizing to the child than the death of a parent or sibling, its importance and impact upon a grandchild should not be underestimated. If nothing else, the death of an elderly person signifies to the surviving grandchild

that “mommy” and “daddy” are also vulnerable to death. This realization on the part of the grandchild, if not handled sensitively, can certainly add to the discomfort that the child will experience.

Szinovacz (1998) provided extensive data showing that grandparents provide many unacknowledged functions in contemporary families. Part of this may be attributable to an increase in life span, which promotes a longer involvement. In 1976 it was estimated that two-thirds of all children in the United States would have all grandparents alive at birth and that the probability of three or more grandparents being alive when the child was 15 increased from .17 to .55 (Uhlenberg, 1980). In 1976 more than 4 million children under age 18 in the United States were living in a grandparent’s household. Uhlenberg maintained that this is partly due to the fact that “under 1900 mortality conditions, one fourth of the children would have all grandparents alive at birth; by 1976 this percentage increased to almost two-thirds. Frequently this is because these children’s parents are incapacitated by imprisonment, drug addiction, violence, or psychiatric disorder or are simply unable to care for their offspring without assistance (Minkler, Rowe, & Price, 1993). Grandparents are also important role models in the socialization of grandchildren (King & Elder 1997). It is recognized that grandparents contribute to cross-generational solidarity and family continuity over time (King, 1994; Silverstein, Burholt, & Winger, 1998). The importance that grandparents play in the life of a grandchild comes as little surprise.

Perhaps most important to a surviving grandchild is the reassurance received from parents or caretakers. The emotional, physical, and behavioral reactions of the grieving grandchild cannot be alleviated, but these must be understood and clarified with a grandchild, so that an effective adjustment is made to the loss of the grandparent.

Death of a Partner

According to Miller (2000), the death of a partner places the surviving partner or spouse at a significantly higher risk for depression. In an empirical study of 5,449 people, Miller supported the hypothesis that conjugal loss causes depressive symptoms in the elderly. The results indicated that those who had been bereaved within the time period of the study showed higher rates of depressive symptoms. All participants were at least 70 years old, and were categorized into 5 groups, based on marital status. The first group (n=223) consisted of the "newly bereaved," those who had lost a partner during the first two phases of the study. The second group included long-term widowed, those who had lost a spouse before the first phase of the study. The last three groups were comprised of people still married, those who were divorced, and those who had never married. Data about depressive symptoms were gathered after the completion of the second phase. Of the 223 "newly bereaved" individuals, one-third showed depressive symptoms at one month after bereavement. After 2 to 3 months, 12% were still showing symptoms of depression. Even after 2 years, 12.2% were still indicating the same feelings. This latter group scored significantly higher on measures of depression than the 4% of their married

counterparts who also showed depressive symptoms. There were no differences in rates of depression between women and men. This study supports the position that bereavement must be recognized as a significant risk factor for depression in the elderly, for which appropriate intervention is needed. According to Beck (1967) approximately 10-25% of woman and 5-9% of men in the general population will experience major depression at some time in their lives.

In contrast the work of Robak, and Weitzman (1998) and Robak and Weitzman (1998) studied the loss of love relationships in young adulthood. LaGrand (1985) maintained that the grief following the end of a love relationship could be classified as "high intensity." This type of reaction appeared to be most frequently experienced by those aged 17 to 24 years. This type of grieving occurred for many individuals in this age group. In terms of the severity of an emotional reaction to this type of loss, three major variables were found to affect depression levels afterwards: the perceived closeness of the relationship, the length of the relationship, and the suddenness of the break-up (Kaaczmarek, Backlund & Biemer, 1990). This empirical study was focused on 148 graduate and undergraduate students. According to the data collected in this study, women experienced greater despair, anger, hostility, and feelings of loss of control, somatization, and higher death anxiety. The results also indicated that the closer the relationship, the more grief symptomatology was reported at the time of the break-up. Also, the more marriage was being considered, the more

grief symptoms were reported. The variable of “marriage” was significantly related to the amount of time needed to “get over” the loss.

An overview of studies has been provided regarding intrapersonal and relational dynamics affecting family members following the death of a child, death of a child’s parent, death of a sibling, death of a grandparent and death of a partner. The intention of providing this information is to illustrate the complex nature of bereavement in the family and to document how debilitating and paralyzing the death of a family member can be to individual family members and to the family as a whole.

The following comprehensive literature review is focused on the death of an adult-married child’s parent and its effects upon the quality of the marital relationship. A family-systems theoretical perspective (Bowen, 1978a) examining the role of differentiation of self in predicting marital adjustment following the death of an adult-married child’s parent is first addressed.

Differentiation of Self

The construct of differentiation of self (Bowen, 1976) is central to an understanding of family-systems theory. Bowen’s conceptualization regarding differentiation of self primarily encompassed two competing variables of intellectual (individuality) and emotional (togetherness) functioning within the individual. The struggle between these diverging processes within the individual can be characterized as one between striving for autonomy versus pressure for togetherness. According to Bowen, the interplay of these two forces within a person determines the nature and degree of independent and

dependent functioning within the family which, in his family-systems theory, is viewed as being predominantly an emotional unit. Bowen maintained that a highly independent or differentiated individual is more likely to achieve autonomy while remaining connected to the family system. A person with low differentiation of self is more likely to remain dependent or fused and not to achieve autonomy in the family system. The term “differentiated” connotes a person whose thoughts and feelings are understood yet experienced as separate whereas “fused” refers to a person whose thoughts and feelings are meshed, resulting in emotional reactivity, wherein a person reacts primarily on the basis of instinctual feelings. Both terms (differentiation and fusion) are used to describe extreme positions of intellectual and emotional functioning, along the differentiation/fusion continuum.

Bowen theorized that one who is able to discern and act more upon one’s intellect and not one’s emotional self will be better able to take an “I-position” (Kerr & Bowen, 1988, p. 252) and avoid being dominated by emotional reactivity. Tuason and Friedlander (2000) stated that “differentiation is reflected in the ability to take an ‘I’-position. Less differentiated people, being emotionally dependent on others, can scarcely think, feel, and act for themselves” (p. 27). In a person with high differentiation, intellect rather than feelings will dominate. It should be noted that achieving a balance of one’s intellectual and affective state without excluding either allows for rational, independent decisions or simply making choices that reflects who one is and what one wants. Thus a well-differentiated person is able to live in a self-directed way and still be aware of

and choose to make contact with the relationship systems that surround him or her (Bowen, 1976, 1978a; Friedman, 1991; Kerr, 1981, 1984).

A key component of family-systems theory regarding how an individual acts is the degree of anxiety that the person is experiencing and his or her ability to manage it. Bowen (1978b) observed that people differ markedly in their abilities to manage anxiety. As anxiety increases, so does the tendency to react emotionally and to lose sight of a broader, more objective picture.

According to Bowen (1976; 1978b), there are two levels of differentiation: basic and functional. "Basic differentiation is functioning that is not dependent on the relationship process. Functional differentiation is functioning that is dependent on the relationship process" (Kerr & Bowen, 1988, p. 98). According to Bowen (1978a), the basic level of differentiation of self is developed and fixed early in life and is an extension of the individual's parent's level of differentiation, which Bowen (1978a) refers to as multigenerational transmission process.

The ability to separate thinking and feeling processes and to make choices that reflect intellect rather than emotional reactivity is characteristic of a high basic level of differentiation. The basic level of differentiation is integrated and is not prone to fluctuations when the emotional dynamics of one's family system demands compliance. However, one's functional level of differentiation is prone to marked fluctuations which reflect the level of anxiety that a person is exposed to at any particular time. The functional level of differentiation is associated with one's level of emotional reactivity. Essentially, with functional differentiation the

emotional system dominates, and the intellect takes a subordinate position. At this intense time, decisions will be made that reflect dependency and compliance with the demands of familial relationships, rather than the autonomous intellectual self, in order to maintain a sense of togetherness. "The more differentiated a self, the more a person can be an individual while in emotional contact with the group" (Kerr & Bowen, 1988, p. 94).

The Differentiation of Self Inventory DSI, (Skowron & Friedlander, 1998) was used in this study as the operational definition of differentiation because of its emphasis on the Bowenian constructs of differentiation of self, emotional cutoff, emotional reactivity, I position and fusion with others. No other instrument that has been developed provides a comprehensive assessment of Bowen's propositions and specific sub-scales that address the multidimensional nature of differentiation (Skowron 1995). The DSI's predictive ability to measure anxiety, psychological adjustment and marital adjustment complements the purpose of this study which is to empirically show that these variables correlate with levels of marital adjustment.

The Role of Differentiation of Self in Marital Adjustment

Skowron (2000) stated that "in the interpersonal realm, differentiation refers to the ability to experience intimacy with and autonomy from others" (p.229).

Kerr and Bowen (1988) further elaborated on this paradoxical theme of intimacy and autonomy by stating that the greater the self-differentiation in a marriage, the greater the autonomy one will experience without fears of

abandonment or of being smothered by one's partner. Instead of marriage being a relationship where one supposedly gives up one's freedom, a marriage can be a relationship where the couple finds greater freedom as a result of both partners' heightened authenticity, which is associated with a high level of differentiation. Family systems theory implies that differentiation of self is an essential ingredient contributing to marital well-being (Titelman, 1998; Guerin, Fogarty, Fay & Kautto, 1996). In poorly differentiated married individuals, there is an absence of authenticity where the "pseudo-self" is likely to be presented as an important component of functional differentiation (Kerr & Bowen, 1988, p. 103). A pseudo-self is a false self, and conclusions drawn by a person who is functioning from a position of pseudo-self are contaminated by intense emotions of anxiety. A compromising position based on the pseudo-self dictates compliance and agreement with the significant other for fear of being rejected by one's partner for thinking and feeling differently about a specific topic. The pseudo-self attempts at all costs to maintain peace in a relationship, but unfortunately, at the expense of loss of a solid sense of self. For the person functioning from a pseudo-self or low differentiation level, all is negotiable. The person is willing to modify, alter, or change one's opinion, beliefs, and feelings to achieve comfort within the relationship. A chameleon quality can be seen in this person operating out of pseudo-self for his or her colors will change to accommodate the request or demand of others. Bowen (1978a) referred to this type of accommodation as the "borrowing" or "trading of self" which is simply an attempt at maintaining stability in the relationship.

There are times when implementation of the pseudo-self is beneficial to moderating the intensity in a conflict. "When comprised of beliefs and opinions that are comforting or provide direction, pseudo-self can reduce anxiety and enhance emotional and physical functioning" (Kerr & Bowen, 1988, p. 103). However, in an emotionally intense relationship, such as a marriage, the pseudo-self or inauthentic self is problematic, because utilizing this position limits the level of intimacy for a couple. Intimacy demands truth, and this honesty is severely lacking in a partner who takes a compromising position to avoid conflict in the relationship and thereby does not allow oneself to be in emotional contact with the partner. The individual who exhibits pseudo-self often does not know who one is or what he or she really thinks and feels about topics of importance.

Bowen defined the "solid self" as describing a person who has established firmly held convictions and beliefs that have developed over an extended period of time and is willing to maintain one's position in an atmosphere of dissent. In contrast to the pseudo-self, the solid self supports a life stance of knowing who one is and expressing to significant others what one really thinks and feels in spite of the anxiety of taking an opposing view. According to Schnarch (1997), differentiation of self promotes the management of one's anxiety for taking a position contrary to another.

According to family-systems theory the degree of conflict in a marriage may reflect the degree of undifferentiation within the couple. Dysfunction in a spouse or a child are also indicative of poor differentiation (Bowen, 1978a; Kerr & Bowen, 1988).

Characteristics of Low Differentiation Versus High Differentiation

Individuals with low differentiation of self can be seen as expressing themselves in a number of ways that contrast with the behaviors of highly differentiated individuals. An outline of these differing characteristics can serve as a way of promoting better understanding of the differences between low- and highly differentiated individuals and their potential impacts upon a marital relationship.

A person with low differentiation of self is likely to express oneself in ways that can be characterized as being overly emotional. This high degree of emotionality is dominant in how one routinely reacts to the stressors and anxieties that are experienced in day-to-day living. In contrast, the highly-differentiated individual is able to stay calmer under stress, maintaining a posture of stability. Although desiring close interpersonal relationships, those with low differentiation of self are frequently unable to express themselves to significant others such as close friends and family members. Low-differentiated persons are prone to compromising their beliefs and principles to avoid creating conflict. A low-differentiated person's sense of self is one of continuous vacillation rather than one of continued stability and rational decision making. Such individuals are likely to adjust to potential conflict and distress in a relationship by withdrawing and distancing themselves from others rather than challenging the differences in their relationships, for fear of being abandoned. Ironically, when the low-differentiated person is developing a close relationship, he or she will make attempts to sabotage the relationship because of fear of

intimacy. One noted exception is a low-differentiated person's relationship with parents, which can be characterized as one of fusion. A fused relationship with one's parents may serve to enhance anxieties associated with death and the physical severing of the child-parent relationship.

Low-differentiated persons are basically people pleasers at all costs, not tolerating conflict and attempting to reconcile immediately rather than clearly thinking through a conflictual interpersonal issue in which they differ with another. Dependency rather than independence is a mark of the individual with low differentiation of self. A person with low differentiation has difficulty accepting constructive criticism out of fear of being viewed as flawed, which risks abandonment by others; this person with low differentiation often feels that a part of one's self is missing, finds little comfort in being different from others; and is always trying to live up to the expectations of others rather than to accept self. The emotional preoccupation of being easily hurt and concerned with what others think of one's self does not allow the low-differentiated person to develop feelings of well-being or self-esteem. Being pleasing to or not pleasing others takes precedence over expressions of authenticity regarding what one feels and thinks. In contrast to a person with low differentiation, a high-differentiated person lives one's own life rather than operating out of a pseudo-self comprised of what others want him or her to be.

Marital Adjustment

About half of all first marriages in the United States are projected to end in separation or divorce (National Marriage Project, 1999; Rogers & Amato 1997).

Research in the area of marital adjustment has attracted widespread attention, particularly in the past few decades, regarding the interpersonal processes (Raush, Barry, Hertel, & Swain, 1974; Stuart, 1969) that operate in marriage, such as cognition (Levenson & Gottman, 1985; Saboruin, Lussier, & Wright, 1991; Karney & Bradbury 2000), affect (Finshan & Beach, 1999;), physiology (Burman & Margolin, 1992;), behavioral patterning (Heavey, Layne, & Christensen, 1993), social support (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993), and violence (Kline, 1998; Leonard & Roberts, 1998). Research regarding marital adjustment also included the milieux in which marriages operate, such as microcontexts (Belsky & Rovine, 1990) which include the presence of children, life stressors, and transitions (Koerner & Jacobson, 1994). Also research on macrocontexts has focused on economic factors (Conger, Rueter & Elder, 1999) and perceived mate availability (South & Crowder, 1999). The conceptualization and measurement of marital adjustment were also highly researched (Karney & Bradbury, 1997; Spanier, 1976). It is safe to say that a plethora of factor ranging from poor communication skills to physical abuse contribute to failing marriages.

The focus of this literature review is specifically examining the microcontext stressor of “death” and the role of differentiation of self as it relates to marital adjustment following the death of an adult, married-child’s biological parent.

The Dyadic Adjustment Scale (DAS) will be used in this study because of its global summary capability for assessing the quality of a marital relationship coupled with its high reliability and validity. The DAS’s user-friendly format,

which consists of 32 questions, is more applicable in this study than the Marital Satisfaction Inventory (MSI) which consists of 280 items, and may result both in greater willingness of subjects to participate in the research and greater attention on their part to their response to each item.

Death of an Adult Married-Child's Biological Parent

At any given time, the rate of death of elderly persons outnumbers all other types of death. An adult child is likely to frequently ponder and rehearse the death of a parent as a way to prepare him or herself (anticipatory loss) for the inevitable loss. The death of an adult married-child's biological parent presents the married couple with many challenges that can either serve to enhance or diminish adjustment and satisfaction within the marital relationship. The importance of the death of a parent to an adult child was first systematically studied by Horowitz et al. (1981). An analysis of an empirical longitudinal study of 207 respondents by Umberson and Chen (1994) showed that, of those who experienced the death of a biological parent within a three-year period, some experienced a substantially greater decline in psychological and relational functioning, whereas others actually experienced improved functioning following a parent's death. They cited several factors contributing to adult children's reactions to parental death, including age and marital status of the adult child, gender of the adult child and the deceased parent, the quality of previous adult interaction with the deceased parent, and childhood memories of the deceased parent.

This study explored differentiation of self as a major contributing factor impacting the individual and the quality of the marital relationship following the death of an adult, married child's parent. Low differentiation of the individual has been shown to be positively correlated with marital dissatisfaction (Skowron, 2000). Gottman (1991) reported that "when a long-standing marriage suddenly becomes conflictual, one precipitant can be the recent death of the parent of one of the partners" (p. 81). Few studies (Rankin-Esquer, Burnett, Baucom, & Epstein, 1997; Skowron, 2000; Skowron & Friedlander 1998; Skowron & Friedlander, 1992; Waring & Patton 1984) tested the relationship between differentiation of self and marital adjustment. Although there were many studies addressing the impact of a parent's death on all family members (Birtchnell, 1970c; Kaltreider & Mendelson 1985a; Moss & Moss 1984;), only three studies (Gottman, 1991; Kaltreider, Becker & Horowitz et al. 1984; Umberson, 1995;) focused on marital quality following the death of a parent, which can be viewed as a triggering mechanism impacting marital adjustment. Umberson's (1995) study showed that the "relationships of individuals who recently experienced a mother's death are characterized by a decline in social support from their partner and by an increase in the partner's negative behaviors. The relationships of individuals who recently experienced a father's death are characterized by a decline in relationship harmony and an increase in relationship strain and frequency of conflict" (p. 709). Kaltreider, Becker & Horowitz (1984) showed that after the loss of a parent there was a frequent pattern of strain on a current love dyad. Gottman's (1991) study supported the position that the death of a parent in middle age can be a

precipitating factor increasing conflict in long-standing marriages. Although the above three studies and this study have an interest in the impact of parental death on the marriage of an adult married child none were found in the literature specifically addressing the role of differentiation of self in predicting marital adjustment following the death of an adult, married-child's parent.

The loss of a parent at any age is a traumatic event that creates anxiety and increases stress levels. A parent's death serves as a rite of passage, heightening one's awareness of personal mortality. For some, the degree of emotional dependency (low differentiation) by the surviving child will present the child with fears (low differentiation) of future needs not being met by the deceased parent. For others, the challenge of a parent's death is one of becoming more independent (high differentiation) and directing one's own life (high differentiation). The loss of a parent can be quite positive. Moss and Moss (1984) stated that a parent's death can be "relief from the real or potential burdens of caretaking, a welcomed severing of destructive family ties, an opportunity to grow unhampered by parental expectations, and a realization of the reward of an inheritance" (p. 3). Pincus (1974) stated that the loss of a parent can also potentially free the bereaved person to trust more in self and to risk new behaviors (high differentiation).

Persons who display characteristics considered to be associated with high differentiation (love, understanding, rationality, support, insight, empathy, respect for the deceased, and recognized mourning) are hypothesized to be more capable of promoting closeness in a relationship following the death of a parent.

It is important to note that, with the loss of a parent, the adult child can take an extreme emotional position (emotional reactivity or poor differentiation). This can occur by overidealizing one's parent, viewing the parent as an idol or perfect parent whom one's spouse can never match. A negative position can be taken in which the surviving adult child may completely detach oneself from the strong negative feelings (low differentiation) associated with the deceased parent and transfer this negativity onto the spouse (Napier, 1971; Scharff & Scharff, 1987). Gottman (1991) also reported that marital conflict is characterized by two styles of relating which are characterized by intense scapegoating and criticism of one spouse by the other, or by sudden emotional withdrawal. It is maintained that these styles can become exacerbated shortly after the death of a parent or even years later. Gottman called this a "screen" event, where neither partner is aware that the conflict is associated with the prior death of one of their parents. In doing this one projects onto the partner disavowed and disallowed part of oneself. One's partner projection serves to keep the deceased parent psychologically alive by transforming the marital relationship "into a replica of the former parent-child relationship" (Gottman, 1991 p. 87), promoting conflict within the marital dyad. couple.

Evidence of marital discord can be seen in individuals becoming irrationally angry (low differentiation), showing little empathy, poor support, lack of insight, lack of reverence for the deceased parent, unrecognized mourning, emotional reactivity, heightened death anxiety, withdrawal and distancing from one another. These indices can be viewed as reflecting low

differentiation. A major hypothesis in this study is that marital adjustment for individuals following the death of an adult, married-child's parent is positively correlated with differentiation of self.

A number of researchers have addressed various issues and concerns surrounding the death of a parent. Umberson (1992) examined the effects of a parent's death on adult children. Umberson (1992) specifically addressed relationship salience and reaction to loss. Individuals from 24 to 96 years old were interviewed in 1986 ($N = 3,617$) and again in 1989 ($N = 2,867$). Results of Umberson's study indicated that of the 207 respondents who experienced the death of a parent, when compared to adult children who have not experienced the loss of a parent within the past three years, bereaved adult children were more likely to experience a "significant increase in psychological distress, alcohol consumption and a decline in physical health" (p.152). She found that the variables of age, marital status of the child, gender of the child and the deceased parent, and the quality of previous adult interactions with the deceased all contributed to the adult child's reaction to the loss.

Follow-up research by Umberson (1995) on marital quality following the death of a parent showed that the death of an adult parent affects adults' marital relationships. In this study Umberson analyzed 123 continuously married or cohabiting individuals who experienced the death of a parent within a three-year period from 1986 to 1989. Results of Umberson's study indicated that when compared to individuals who have not lost a parent the bereaved individuals who had lost a mother showed a marked "decline in social support from their partner

and an increase in the partner's negative behaviors" (p. 709). In contrast the death of a father was "characterized by a decline in relationship harmony and a increase in relationship strain and frequency of conflict" (p. 709).

A study by Kaltreider, Becker, and Horowitz et al. (1984) supported the hypothesis that the loss of a parent by an adult child can result in pathological grief which may have deleterious effects upon the marital relationship. Bowlby (1969) hypothesized that the development of pathological grief occurs in individuals who are vulnerable to insecure and anxious relationships.

A follow-up study by Kaltreider and Mendelson (1985) showed that the loss of a parent in adulthood is a frequent precipitant for psychotherapeutic referral. Howowitz et al. (1981) supported Kaltreider and Mendelson's position by maintaining that individuals "who actively seek treatment after the death of a parent are experiencing serious problems that affect their work, relationships, and self-concept" (p.323).

Research by Horowitz et al. (1980) showed that the initial psychological response to the death of a parent was one of "significant and important elevations of distress levels" (p. 316) commonly seen in patients with posttraumatic stress disorders.

The impact of parental death on middle-aged children (Moss & Moss, 1984) showed that it can be a time when a person either accepts or rejects one's mortality or finitude. Jacques (1965) addressed the pathology that is associated with individuals who refuse to accept the existential reality of life's end.

Death Anxiety

According to Conte, Weiner and Plutchik (1982) a number of psychological researchers in the mid-1950's started to consider feelings about death and dying as a problem for scientific investigation (Kastenbaum & Costa, 1977; Kurlychek, 1978). Since the 1950's study of death and dying has dramatically increased and continues to be a topic of intense interest both in research. Numerous books, journal articles, and courses offered on the subject of death anxiety continue to promote a general awareness of the psychological complications associated with death. Of particular interest in this area of study is anxiety associated with death and specifically the impact of death anxiety on the marital relationship.

The Templer/McMordie Death Anxiety Scale (McMordie, 1978) will be used in this study because of its advantages over other scales that do not specifically focus on measuring anxiety as it relates to the experience of adult death. This 15 item-scale was chosen as it is a widely used, reliable and valid measure of death anxiety in adults.

Death anxiety (thanatophobia) is defined by Bond, Crawford, and Balshaw (1994) as "a feeling of dread, apprehension, or solicitude when one thinks of what happens after death, the process of dying, or ceasing to be. Death is defined as a state of non-being, the termination of biological and social life" (p. 462). The dimension of death anxiety most often examined is the fear of one's own death (Lester, 1990; Pollak 1980). In this study it is hypothesized that the death of an adult, married-child's parent contributes to the surviving adult child's anxiety

level surrounding his or her own mortality. According to Kerr and Bowen (1988) the role of differentiation of self coupled with degree of anxiety are considered to be the “two principle variables or processes defined by family systems theory to explain level of functioning” (p. 112). The effect of these two components were examined as they relate to spousal functioning following the death of an adult child’s parent.

Research Questions and Hypotheses

The overall research question in this study will address how the death of a parent influences an adult child’s view of his/her own marriage. Specifically, are an adult child’s perceptions of his/her marriage related to death anxiety and differentiation after the death of a parent?

Research Question for Hypotheses 1a

After the loss of a parent, how does differentiation impact death anxiety?

Hypothesis 1a.

Lower levels of differentiation will be associated with significantly higher levels of death anxiety for those who have lost a parent.

Research Question for Hypothesis 1b

After the loss of a parent, how does differentiation impact marital adjustment?

Hypothesis 1b.

Lower levels of differentiation will be associated with significantly lower levels of marital adjustment for those who have lost a parent.

Summary

Loss is inevitable. The longer a person lives the more loss he or she is likely to experience be it of a material possession such as a house, of a relationship such as marriage, of one's health, of the life of a loved one, or of one's own life. Since "the family is often the most important group in which an individual has membership and in which close relationships exist" (Uhlenberg, 1980, p. 313) the loss of one of its members can be, at the very least, disruptive and, at most, devastating to the survivors. Familial loss can have a tremendous impact upon established family patterns, requiring major adjustment (Napier, 1971).

The impact of parent death on a child has been extensively studied (Dowdney, 2000; Raveis, Siegel, and Karus, 1999; Rotheram-Boros, 2001).

Although the death of parents is one of life's more common events, and typically occurs when their children are adults, there has been little research on how the death of a parent affects adult children (Winsborough et al. 1991). Of particular interest in this study is the assessment of the impact that the death of an adult child's parent can have on a surviving individual's marital adjustment.

The variables of differentiation of self (Bowen, 1978a) coupled with death anxiety (Bond et al., 1994) will be explored to ascertain whether or not these two variables together and or independently have an effect upon the marital adjustment of the adult, married child following the death of a parent. Gender will also be explored as to its relationship with differentiation of self. Skowron and Friedlander (1998) observed a pattern between gender and emotional

reactivity in which females scored higher. Carter and McGoldrick, (1989), Luepnitz, (1988), and Miller (1976) observed that gender differences exist on differentiation, with females likely to endorse Emotional Reactivity items. Although Bowen maintained with respect to gender that no differences exist on levels of differentiation, females have been found to score higher on emotional reactivity. Bowen (1978b) reported that high emotional reactivity is correlated with lower differentiation of self and it has been shown that lower differentiation of self is correlated with lower marital adjustment (Rankin-Esquer, Burnett, Baucom, & Epstein 1997; Skowron 2000; Skowron & Friedlander, 1992 & 1998; Waring & Patton, 1984). Because of the above connections a hypothesis in this study will be made that females who have lost a parent will report significantly lower levels of marital adjustment compared to males who have lost a parent, however, there is no direct research supporting this hypothesis.

A better understanding of the impact of parental death upon marriage as it relates to levels of differentiation of self and levels of death anxiety following the death of an adult-child's parent may assist therapists to better identify an individual's vulnerability to marital maladjustment.

CHAPTER III

METHODOLOGY

This chapter contains a description of the methodology and procedures that were utilized to investigate the nature of the relationship between differentiation of self, death anxiety, and marital adjustment following the death of an adult, married-child's parent.

In this chapter the rationale and procedures that were used to select prospective participants for this study are described. Also addressed is the methodology and process for data collection, scoring information on the selected instruments, their reliabilities and validities.

Participants

The participants for this study were recruited from newspaper solicitation, posted flyers and oral script solicitation that announced and elaborated on the nature of the study and the criteria of participants who were needed to participate in the study. One hundred individuals were enlisted. Group (I) consisted of twenty-five males who have lost a parent in the past three years of their current marital relationship, group (II) of twenty-five females who have lost a parent, group (III) of twenty-five males who have not lost a parent, and group (IV) of twenty-five females who have not lost a parent. All participants are 25 years and older and have been married for three years or longer. All participants were located in the researcher's immediate area, which encompasses a section in

northeastern Pennsylvania identified as the Lehigh Valley, with an approximate population of 250,000. The study did not control for which parent was deceased.

Procedure

Individuals were asked if they would be willing to participate in a research study evaluating marital adjustment and loss. Individuals requesting involvement in the study were sent or given a packet containing a participant introduction and information letter, consent form, biographical data sheet, copies of four questionnaires (Demographic Questionnaire, Dyadic Adjustment Scale, Differentiation of Self Inventory, and Templer/McMordie Death Anxiety Scale), and a self-addressed stamped envelope. All participants were reassured in writing that all information submitted to the researcher would be kept strictly anonymous and confidential.

Instruments

Participants were asked to complete the following four questionnaires:

Demographic Questionnaire

Demographic information was obtained via a 16-item self-report questionnaire (see Appendix D). The following characteristics were identified: gender, age, present marital status, years married, number of children, ages of children, number of marriages, culture/ethnicity, highest level of education completed, religious orientation, death of parent, age at time of parent's death, loss of spouse's parent and income level. Instruments that measure marital

adjustment, differentiation of self and death anxiety were also included in the packet.

Only the full-scale scores were assessed for the three standardized instruments used (Differentiation of Self Inventory, Dyadic Adjustment Scale, Templer/McMordie Death Anxiety Scale).

Dyadic Adjustment Scale (DAS)

Marital adjustment as used in this study was defined as an individual's level of adjustment within the marital relationship as measured by the frequency of agreement regarding important issues and concerns experienced by the partner. The Dyadic Adjustment Scale (Spanier, 1986) is a questionnaire containing thirty-two questions that provide a global summary that measures the level of agreement or disagreement between partners (See Appendix E)..

Participants were asked to complete the DAS (Spanier, 1976). This 32-item scale contains four subscales that can be used to measure four empirically verified components of marital adjustment defined as dyadic affection, dyadic cohesion, dyadic consensus, and dyadic adjustment. The DAS uses a Likert-type response scheme with choices on items 1-15 ranging from 1 "*always disagree*" to 6 "*always agree*," items 16-22 ranging from 1 "*all the time*" to 6 "*never*," item 23 ranging from 1 "*every day*" to 5 "*never*," item 24 ranging from 1 "*all of them*" to 5 "*none of them*," items 25-28 ranging from 1 "*never*" to 6 "*more often*," items 28-29 ranging from 1 "*yes*" to 2 "*no*," item 31 ranging from 1 "*extremely unhappy*" to 7 "*perfect*," and item 32 ranging from 1 "*desperately wanting for my relationship to succeed*" to 6 "*my*

relationship can never succeed." The possible range of scores on the DAS is from 0 to 151.

Spanier and Cole, (1974) stated that marital adjustment is probably the most frequently studied dependent variable in the field, and according to Eddy (1991) the DAS is the most widely used measure of marital adjustment.

In this study Chronbach's alpha coefficient for reliability estimates for the global scale of the DAS was .94.

In addition to being the most widely used instrument to assess marital adjustment, the DAS was selected for this study primarily because it assesses marital adjustment as a changing process based on a continuum and movement along the continuum. The event of the death of an adult, married-child's parent is hypothesized to be a significant changing process in this study which affects an individual's marital adjustment level at a given point in time (i.e., within the past three years of the couple's marriage).

In this study of one hundred unrelated married persons (50 women, 50 men) who completed the DAS showed that the range of scores was 41-146 ($M = 107.5$, $SD = 17.8$). There was a range of 41 to 146 (total possible score = 151). Each answer has a possible numerical weight from 1 to 7.

Criterion-related validity of the DAS indicated that each of the 32-items in the scale correlated significantly with the external criterion of marital status ($p < .001$). Item analysis of the DAS was .96 (Spanier, 1976) indicating a high degree of agreement as to the items measuring the construct of marital adjustment.

Because of its high criterion validity (Eddy, 1991; Spanier, 1976) which significantly discriminated divorced from married spouses, only the global summary measure of the DAS was utilized in this study to classify individuals as either “distressed” (similar to individuals in therapy) with a total mean score of 97 or less or “nondistressed” (similar to happily married individuals in the general population) (Jacobson & Truax, 1991) with total scores above 97. Spanier (1976) indicated that a score of 97 was one standard deviation below the mean for the community sample in the original study, and later reported (Spanier, 1988) that the DAS works best as a global measure.

The Differentiation of Self Inventory (DSI)

Differentiation of self as used in this study relates to the level at which an individual is capable of discriminating between his or her emotional and intellectual self as measured by the instrument’s global scale score. The Differentiation of Self Inventory (Skowron and Friedlander, 1998) is a questionnaire containing forty-three six-point Likert-type scale statements that range from *generally true* of an individual on a 1 (*not at all*) to 6 (*very*) scale (see Appendix F)..

The DSI is a self -reporting instrument developed by Skowron and Friedlander (1998) as an assessment tool for adults above age 25 that is specifically focused on measuring personality functioning or quality of interpersonal relations. By defining adulthood with a lower limit of 25 years of age, Skowron and Friedlander (1998) “ensured that the samples obtained

consisted of those individuals who, from a family life-cycle perspective (Carter & McGoldrick, 1989) could be considered adults" (p. 236).

According to Bowen's theory (1976; 1978a) a highly differentiated self is capable of maintaining intrapsychic equilibrium with emotional and intellectual functioning as well as being able to interpersonally balance intimacy and autonomy in relationships even in times of high anxiety. In agreement with Bowenian family systems theory, Skowron and Friedlander's (1998) DSI is based on the definition of *differentiation of self* as reflecting an individual's "capacity to maintain autonomous thinking and achieve a clear, coherent sense of self in the context of emotional relationships with important others" (p. 237).

The DSI (Differentiation of Self inventory) is a six-point Likert-type scale of 43 items that range from *not at all true of me* (1) to *very true of me* (6). The DSI contains four subscales that can be used to measure the construct of differentiation of self. The four sub-scales in the DSI are intended to measure Fusion with others (F), Emotional Cutoff (EC), Emotional Reactivity (ER) and I Position. Scores on each sub-scale can range from 1 (low differentiation) to 6 (high differentiation). Full-scale scores can also range from 1 (low differentiation) to 6 (high differentiation). The range of full-scale scores for the DSI in this study were 2.76-4.86 ($M = 3.83$ and $SD = .441$). Skowron and Friedlander (1998) stated that:

To compute the DSI full-scale score, raw scores on all items in the Emotional Reactivity, Emotional Cutoff, and Fusion With Other subscales

and on one item in the I Position subscale (#35) are reversed, so that higher scores signify greater differentiation. Scores on all items are then summed and divided by the total number of items, so that the full-scale score ranges from 1 (*low differentiation*) to 6 (*high differentiation*). (p. 239)

In this study Chronbach's alpha coefficients suggested high reliability for the DSI total score $DSI = .89$

The DSI was selected for this study primarily because of its theoretical connection between differentiation and marital adjustment (Jacobson, Follette, & McDonald, 1982; Jacobson, & Moore, 1981; Skowron, 2000). In this study, the total DSI score will be utilized as an indicator of differentiation of self because it holistically defines the construct of differentiation by combining all sub-scales in arriving at the total or global scale score.

Templer / McMordie Death Anxiety Scale (TM/DAS)

Death anxiety as used in this study was defined by the frequency of negative and disturbing thoughts and feelings associated with one's own mortality. The Templar/McMordie Death Anxiety Scale (McMordie, 1978) is a seven-point Likert-type scale questionnaire with answers ranging from 1 (*very strongly agree*) to 7 (*very strongly disagree*) that contains fifteen items assessing an individual's level of death anxiety (see Appendix G).

Participants were asked to complete the TM/DAS (McMordie, 1978). In this 15-item scale responses range on a seven-point Likert scale from (1) *Very Strongly Disagree* to (7) *Very Strongly Agree*, with *Neutral* being the mid-value

response. The instrument contains a separate *Undecided* response category below each item. Scores for the *Undecided* responses are assigned by substituting the mean rounded off to the nearest whole number for items not answered with an *Undecided* response. The range of possible total scores for the TM/DAS is 24-105. In this study total scores ranged from 29 to 88 ($M = 56.12$, $SD = 12.79$). Higher total scores indicate higher death anxiety.

Prior to the development of the TM/DAS the Templer Death Anxiety Scale (Templer, 1970) was widely used and considered to be the most reliable and valid measure of death anxiety (Brown, 1975; Klug, 1976; Lucas, 1974; McMordie, 1978). Templer (1970) had suggested that the Templer Death Anxiety Scale was the most reliable and valid measure of death anxiety prior to the development of the TM / DAS. McMordie (1978) examined psychometric properties (internal consistency, reliability, test-retest reliability, content validity, construct validity, convergent validity and absence of response set) of other anxiety scales and concluded that Templer was the most adequate. The change from *true / false* responses on the original Templer Death Anxiety Scale to Likert scales added to its psychometric desirability (Nunnally, 1967; Templer, 1970).

Another factor determining test selection in this study regarding the measurement of death anxiety was Chronbach's coefficient alpha. The internal consistency of the TM/DAS in this study was .85.

Statistical Procedure

For hypotheses 1a and 1b a Pearson's correlation coefficient was used to evaluate the linear association between continuous variables specifically examining levels of differentiation and its influence on levels of death anxiety and marital adjustment. For hypotheses 2a and 2b a multiple regression analysis was performed to determine the influence of the predictor variables on the criterion variables. In one analysis, death anxiety was the criterion. In the other analysis, marital adjustment was the criterion. For both of the two regression analyses, differentiation, loss, and gender were the predictors. A correlation study/table addressed all variables, both IV's and DV's, in this study. For hypotheses 3a, 3b, 4a, and 4b MANOVA and ANOVAs were used to compare the distribution of continuous variables between levels of categorical variables.

CHAPTER IV

ANALYSIS OF THE DATA

Introduction

This chapter will specifically address both descriptive and inferential statistical methods that were employed in this study. The statistical analyses of the results are divided into three sections and are presented in the following manner: (1) descriptive demographic information about participants, (2) reliabilities of instruments, and (3) analyses of the hypotheses presented in Chapter III. Tables provide summarized results in a form intended to make the data easier to understand.

Participants

Data for this study were gathered from the general adult population who reside in an urban community in northeast Pennsylvania. Participants were required to have been married three or more years in their present relationship and either have or have not experienced the loss of a biological parent within the past three years. Both males and females were surveyed.

For ease of reporting, percentages have been rounded to the nearest whole number. Of the 520 questionnaires sent out for the survey, 169 (32%) were returned. Fifty-seven (34%) of the surveys returned did not meet one or more of

the criteria established for inclusion in one of the four groups, which included ten participants below the minimum age of 25, fifteen participants who were not married a minimum of at least three years, and thirty-two participants who did not have a death of at least one biological parent within the past three years of marriage which exceeded the prescribed cell size. Twelve (14%) were not completed fully by the respondents. Therefore, these data were not included in the final analyses. The goal of 100 respondents, 25 (25%) males with loss, 25 (25%) males without loss, 25 (25%) females with loss, and 25 (25%) females without loss, was achieved.

Demographics

The means for the age of the respondents were 48.61 ($SD = 9.52$), years married in present relationship 21.85, ($SD = 12.05$), and number of children 2.05 ($SD = .872$). For the demographic data the four most frequently cited *ethnicity* groups were White Anglo Saxon American (59%), Multi-cultural American (11%), Italian American (7%), and Eastern European American (7%) (see Table 1). The four most frequent *highest level of education* groups were master's degree or equivalent (22%), college graduate (19%), doctorate, M.D., J.D., (16%), associate two-year degree or equivalent (12%), and some college (11%) (see Table 2). The four most frequent *religious orientations*, were Catholic (26%), Protestant non-denominational Christian (18%), Lutheran (11%), and Jewish (9%) (see Table 3). The four most frequent *yearly income ranges* were \$100,000-\$149,999 (25%), \$150,000 or more (21%), \$70,000-\$79,999 (14 %), and \$50,000-\$59,999 (10%) ($M =$

$SD =)$ (see Table 4). It should be noted that the results of Chi Square analyses showed no significant differences between males and females on the demographic variables of ethnicity, highest level of education, religious orientation, and highest level of income.

Reliability of Instruments

In this study the Cronbach Alpha's for the Differentiation of Self Inventory was $\alpha = .89$ ($M = 3.93$, $SD = 0.61$), for the original study (Skowron and Friedlander, 1998) $\alpha = .88$ ($M = 3.73$, $SD = 0.58$). For the Dyadic Adjustment Scale in this study $\alpha = .94$ ($M = 107.59$, $SD = 17.80$), for the original study (Spanier, 1976) $\alpha = .96$ ($M = 114.8$, $SD = 17.80$). For the Templar McMordie Death Anxiety Scale in this study $\alpha = .85$ ($M = 56.08$, $SD = 12.77$), for the original study (Templar/McMordie, 1979) $\alpha = .84$ ($M = 55.03$, $SD = 13.31$). The alpha's, means and standard deviations are comparable to those obtained in the original studies.

Hypothesis 1a

For hypothesis 1a it was predicted that lower levels of differentiation would be significantly associated with higher levels of death anxiety for those adults who have lost a parent. This hypothesis was tested using the Pearson Product-Moment Correlation. A significant, inverse linear relationship between death anxiety and differentiation of self was found, $r = -.50$, $p < .01$. Results supported the hypothesis.

Table 1

Frequency Distribution of Participants' Ethnicities

<i>Ethnicity Category</i>	<i><u>n</u></i>	<i>%</i>	<i>Cumulative Percentage</i>
Asian American	2	2.0	2
Irish American	2	2.0	4
Jewish American	4	4.0	8
Italian American	7	7.0	15
Eastern European American	7	7.0	22
German American	6	6.0	28
Hispanic American	1	1.0	29
White Anglo Saxon American	59	59.0	88
Black American	1	1.0	89
Multi-Cultural American	11	11.0	100

Table 2

Frequency Distribution of Participants' Educational Levels

<i>Educational Category</i>	<i><u>n</u></i>	<i>%</i>	<i>Cumulative Percentage</i>
Some grammar school	0	0.0	0
Completed grammar school	0	0.0	0
Finished grade 8	0	0.0	0
Some high school	1	1.0	1
High school graduate	12	12.0	13
Some college	11	11.0	24
Assoicates (2 Yr) degree or equivalent	12	12.0	36
College graduate	19	19.0	55
Some graduate school	7	7.0	62
Master's degree or equivalent	22	22.0	84
Doctorate/M.D./J.D.	16	16.0	100

Table 3

Frequency Distribution of Participants' Religious Orientations

<i>Religious Orientation Category</i>	<i><u>n</u></i>	<i>%</i>	<i>Cumulative Percentage</i>
Catholic	26	26.0	26
Protestant non-denominational	18	18.0	44
Buddhist	4	4.0	48
Jewish	9	9.0	57
United Church of Christ	6	6.0	63
Lutheran	11	11.0	74
Presbyterian	4	4.0	78
Greek Orthodox	1	1.0	79
Humanist	3	3.0	82
United Methodist	4	4.0	86
None	14	14.0	100

Table 4

Frequency Distribution of Participants' Yearly Household Income

<i>Income Category</i>	<i><u>n</u></i>	<i>%</i>	<i>Cumulative Percentage</i>
\$10,000-\$19,999	1	1.0	1
\$20,000-\$29,999	1	1.0	2
\$30,000-\$39,999	2	2.0	4
\$40,000-\$49,999	6	6.0	10
\$50,000-\$59,999	10	10.0	20
\$60,000-\$69,999	7	7.0	27
\$70,000-\$79,999	14	14.0	41
\$80,000-\$89,999	7	7.0	48
\$90,000-\$99,999	6	6.0	54
\$100,000-\$149,999	25	25.0	79
\$150,000 or more	21	21.0	100

Hypothesis 1b

For hypothesis 1b it was predicted that lower levels of differentiation would be significantly associated with lower levels of marital adjustment for those adults who have lost a parent. This hypothesis was tested using the Pearson Product-Moment Correlation.

Results showed evidence of a significant, positive linear relationship between scores on the Dyadic Adjustment Scale and the Differentiation of Self Scale, $r = .37, p < .01$, and thus the hypothesis was supported. For the means, standard deviations, reliabilities, and intercorrelations for the major variables in this study see Table 5.

Hypothesis 2a

For hypothesis 2a it was predicted that levels of death anxiety would be significantly influenced more by differentiation of self than by loss or gender. A standard multiple regression analysis was performed with the dependent variable of death anxiety and the independent variables of gender, loss, and differentiation of self.

The assumptions of the analysis were tested by examining normal probability plots of residuals and scatter diagrams of residuals versus predicted residuals. No violations of linearity, normality or homoscedasticity of residuals were found. In addition, data revealed no indication of outliers.

Regression analysis revealed that Differentiation of Self significantly predicted death anxiety $F(3, 96) = 11.78, p < .001$. R^2 for the model was .27 and adjusted R^2 was .25.

Table 5
Means, Standard Deviation, Intercorrelations, and Reliabilities for Major Variables

Variable	M	SD	1	2	3
1. Differentiation ^a of Self Scale	3.83	.61	(.89)		
2. Dyadic ^b Adjustment Scale	107.59	17.80	.37**	(.94)	
3. Templar ^c McMordie Death Anxiety Scale	56.08	12.77	-.50**	-.01	(.85)

Note. Reliabilities are indicated in parentheses

^aVariable was measured with a total possible score ranging from 1 to 6.

^bVariable was measured with a total possible score ranging from 0 to 151.

^cVariable was measured with a total possible score ranging from 15 to 105.

* $p < .05$.

** $p < .01$.

N = 100.

In terms of individual relationships between the independent variables and death anxiety, only differentiation of self ($\beta = -.49, t = -5.42, p < .001$) predicted death anxiety. Loss ($\beta = .12, t = 1.42, p = .158$) and gender ($\beta = .05, t = -.605, p = .547$) were not significant predictors of death anxiety. Thus the hypothesis was supported.

Hypothesis 2b

In hypothesis 2b it was predicted that levels of marital adjustment would be significantly influenced more by differentiation of self than by loss or gender. A standard multiple regression analysis was performed with the dependent

variable of marital adjustment and the independent variables of gender, loss, and differentiation of self.

Assumptions were tested by examining normal probability plots of residuals and scatter diagrams of residuals versus predicted residuals. No violations of normality, linearity, or homoscedasticity of residuals were detected. In addition, box plots revealed no evidence of outliers.

Regression analysis revealed that the model significantly predicted marital adjustment $F(3, 96) = 6.24, p = .001$. R^2 for the model was .16 and adjusted R^2 was .14.

Only differentiation of self ($\beta = .39, t = 4.03, p < .001$) significantly predicted marital adjustment. Loss ($\beta = -.14, t = -1.46, p = .15$) and gender ($\beta = .07, t = .717, p = .48$) were not significant predictors of marital adjustment. The result of the regression analysis supported the hypothesis.

Hypothesis 3a, 3b, & 3c

Of interest to this study were significant differences that might exist between males with loss and females with loss on the measures of marital adjustment and death anxiety. Specifically, it was predicted that females with loss would report significantly higher levels of distress than males with loss as measured by the linear combination of death anxiety and marital adjustment. In addition, it was predicted that females would report significantly higher levels of death anxiety as compared to males. It was also predicted that females would report significantly lower levels of marital adjustment as compared to males. For

the means and standard deviation for the DAS, the DOS, and the Templar/McMordie death anxiety scale for each group see Table 6.

Hypothesis 3a

To determine if a significant difference exists between gender on the linear combination of the dependent variables, a one-way MANOVA was conducted with gender (male, female) as the independent variable and the linear combination of marital adjustment and death anxiety as the multivariate dependent variable. No significant multivariate main effect was found, Wilks lambda = .93, $F(2, 47) = 1.80$, $p = .18$. The hypothesis was not supported.

Table 6

Means and Standard Deviations for *Gender and Loss Status*.

	Males				Females			
	With Loss		Without Loss		With Loss		Without Loss	
Dependent Variable	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Dependent Variable								
Differentiation of Self Scale	4.05	.519	4.08	.474	3.83	.639	3.74	.730
Dyadic Adjustment Scale	106.40	17.34	109.48	17.75	113.92 _a	14.04	100.56 _a	19.88
Templar/Mc Mordie Death Anxiety Scale	53.04	7.16	55.68	15.91	55.68	15.91	60.68	12.90

Note. Means sharing subscripts are significantly different $p < .05$.
 $N = 100$

Hypotheses 3b & 3c

Follow up one-way ANOVAs were conducted on each of the two dependent variables (death anxiety and marital adjustment) with gender (male, female) as the independent variable. No significant difference was found between males ($M = 53.04$, $SD = 7.16$) and females ($M = 55.68$, $SD = 15.91$) on the measure of death anxiety, $F(1, 48) = .57$, $p = .45$. This hypothesis was not supported (see Table 6). In addition no significant difference was found between men ($M = 106$, $SD = 17.34$) and women ($M = 113.92$, $SD = 14.04$) on the measure of marital adjustment, $F(1, 48) = 2.84$, $p = .10$. Thus the hypothesis was not supported as well.

Hypothesis 4a

Of interest to this study was the hypothesis that married adults who have lost a parent will report significantly greater death anxiety than those who have not lost a parent.

To examine the data, a two-way ANOVA was conducted with gender (male, female) and loss (loss, no loss) as the independent variables and death anxiety as the dependent variable. Note that the two major independent variables in this study were included in this analysis to check for interactions that might qualify the main effect of interest and to more accurately determine if a main effect exists for loss (Keppel, 1991).

No significant difference was found between the loss ($M = 54.36$, $SD = 12.28$) and no loss ($M = 57.8$, $SD = 13.13$) conditions on the measure of death

anxiety, $F(1, 96) = 1.85, p = .18$. In addition, the interaction effect was not significant, $F(1, 96) = .38, p = .54$. The hypothesis was not supported. For the means and standard deviations for the DOS, the DAS, and the death anxiety scale for each loss condition see Table 7.

Hypothesis 4b

Of further interest to this study was the hypothesis that married adults who have lost a parent will report significantly lower marital adjustment than those who have not lost a parent.

To examine the data, a two-way ANOVA was conducted with gender (male, female) and loss (loss, no loss) as the independent variables and marital adjustment as the dependent variable. As noted for Hypothesis 4a, the two major independent variables in this study were included in this analysis to check for interactions that might qualify the main effect of interest and to more accurately determine if a main effect exists for loss on marital adjustment (Keppel, 1991). No significant difference was found between loss ($M = 110.16, SD = 16.07$) and no loss ($M = 105.02, SD = 19.19$) conditions on the measure of marital adjustment, $F(1, 96) = 2.19, p = .14$. An unexpected significant Gender X Loss interaction was found, $F(1, 96) = 5.59, p = .02$. A post hoc inspection of the means using the Bonferonni test revealed a single significant pairwise comparison. Females with loss reported being significantly more satisfied with their marriage ($M = 113.92, SD = 14.04$) than females without loss ($M = 100.56, SD = 19.88$), $p = .05$. Thus the findings indicated that the hypothesis was not supported.

Table 7

Means and Standard Deviations for Each Loss Condition.

Dependent Variable	Loss		No Loss	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Differentiation of Self Scale	3.94	.587	3.91	.632
Dyadic Adjustment Scale	110.16	16.07	105.02	19.19
Templar/McMordie Death Anxiety Scale	54.36	12.28	57.80	13.13

Summary of Findings

Findings in this study suggest that gender ($\beta = .05, t = .605, p = .547$) and loss ($\beta = .12, t = 1.42, p = .158$) were insignificant as they related to death anxiety. Gender ($\beta = .07, t = .717, p = .48$) and loss ($\beta = -.14, t = -1.46, p = .15$) were also insignificant as they related to marital adjustment. Levels of differentiation of self correlated with marital adjustment ($\beta = .39, t = 4.03, p > .001$) and negatively with death anxiety ($\beta = -.49, t = -5.42, p > .001$). A significant post-hoc pairwise comparison showed that females with loss reported being significantly more satisfied with their marriage than females who reported no loss.

CHAPTER V

DISCUSSION

Overview

This investigation addressed how the death of a parent influences an adult child's perceptions of his/her own marriage and how these perceptions are related to death anxiety and differentiation of self. Data for this study were gathered from the general population of one hundred individuals from an urban community in northeast Pennsylvania who have been married three or more years in their present relationship and who have or have not experienced loss of a biological parent within the past three years. All persons completed a demographic survey, the Differentiation of Self Inventory (Skowron & Friedlander 1998) which measures differentiation of self, Dyadic Adjustment Scale (Spanier, 1986) which measures marital adjustment, and Templar McMordie Death Anxiety Scale (McMordie, 1978) which measures death anxiety.

Results indicated support for some hypotheses. A significant inverse relationship was predicted and found between differentiation of self and death anxiety. A significant positive correlation was predicted and found between differentiation of self and marital adjustment. Furthermore, findings supported the predictions that differentiation of self is a significantly better predictor of both death anxiety and marital adjustment than either gender or loss. Results,

however, also indicated that the hypotheses regarding differences between gender and loss on measures of marital adjustment and death anxiety were not supported.

Discussion of the Findings

Results for Hypothesis 1a were consistent with Bowen's (1978b) theory that lower levels of differentiation are associated with significantly higher levels of anxiety. In this study, death anxiety was specifically examined in individuals who had lost a parent within the past three years.

The loss of a parent can be considered a traumatic event that can promote intense emotional reactions on the part of the bereaved and range from complete denial to recognized mourning. This study supports the position that a primary contribution to levels of death anxiety is an individual's level of differentiation. According to Bowen (1978a) higher levels of differentiation are best achieved when the intellect is the dominant structure of the ego identity that contains and manages the emotionality. Knudson-Martin and Mahoney (1998) distinguished between the terms feeling, emotion, and emotionality with the latter term being defined as a heightened state of arousal similar to Bowen's (1978a) term emotional reactivity. Bowen maintained that the greater the balance between the two seemingly opposing forces of emotional reactivity and intellect, the higher the level of differentiation. Bowen's conceptualization regarding differentiation of self primarily encompassed two competing variables of intellectual and emotional functioning within the individual. The lesser the balance, the lower

differentiation of self for the individual (Bowen, 1978a). Kerr and Bowen (1988) stated that "the higher the level of differentiation, the greater a family's ability to adapt to events such as deaths of especially important family members" (p. 232).

Bowen further suggested that differentiation relates to adaptability especially when an adult-married child is confronted with the stressors and anxieties associated with the loss of a parent. In a person with high differentiation, intellect rather than emotional reactivity will dominate. The ability to separate thinking and emotional processes and to make choices that reflect intellect rather than emotional reactivity is characteristic of a high basic level of differentiation. The highly differentiated individual is able to stay calmer under stress, maintaining a posture of stability. Bowen maintained that characteristics associated with high differentiation are love, understanding, rationality, support, insight, empathy, respect for the deceased, and recognized mourning. In contrast, low differentiation is characterized by showing little empathy, poor support, lack of insight, lack of reverence for the deceased parent, unrecognized mourning, emotional reactivity, heightened death anxiety, withdrawal and distancing from each other. These indices can be viewed as reflecting low differentiation.

This study suggests further support for Bowen's theory (1976; 1978a) that a highly differentiated self is capable of maintaining intrapsychic equilibrium with emotional and intellectual functioning and that the effective management of highly charged emotional states appears to be a primary factor that separates the

higher differentiated individual from the lower differentiated person.

Maintaining an emotional separation allows a person to remain balanced by accepting that loss is an inevitability for everyone. Hypothesis 1a indicates that attachment must be balanced by detachment in order to maintain individuality of self. The inability to detach can result in a fused state with another that reduces one's ability to adjust to loss.

Results indicated the predicted effect for Hypothesis 1b. Lower levels of differentiation were correlated with significantly lower levels of marital adjustment for those who have lost a parent within the past three years of their marital relationship.

Put another way, this research corroborates the position that lower levels of differentiation of self significantly decrease the quality of an adult child's marital relationship following the death of parent. This study suggests support for Kerr and Bowen's (1988) contention that, under high levels of stress and anxiety such as the death of "an important member of the extended family" (p. 234) such as a parent, less differentiated individuals are unable to maintain intimacy while highly differentiated individuals are able to do so.

Umberson and Chen (1994) cited several factors contributing to adult children's reactions to parental death, including age and marital status of the adult child, gender of the adult child and the deceased parent, the quality of previous adult interaction with the deceased parent, and childhood memories of the deceased parent. Napier, (1971), Scharff and Scharff, (1987), and Gottman,

(1991) all maintained that a negative position can be taken in which the surviving adult child may completely detach him/herself from the strong negative feelings associated with the deceased parent and transfer this negativity onto the spousal relationship. Adding to the research on the loss of a parent by an adult married child it can be stated that differentiation of self is another significant factor that can influence the quality of the marital relationship following the death of an adult married child's parent.

The findings for Hypothesis 1b replicate Umberson's (1995) research on marital quality following the death of a parent showing that the death of an adult parent can negatively affect an adult's marital relationship. Similar to the present study, Umberson analyzed 123 continuously married or cohabiting individuals who also experienced the death of a parent within a three-year period from 1986 to 1989.

As predicted in Hypothesis 2a levels of death anxiety were influenced more by differentiation of self than by loss or gender. In other words this research supports the position that differentiation influences death anxiety more than loss and gender. This study adds credence to the statement that individuals who are least differentiated are more likely to present problems of debilitating anxieties such as death anxiety (McMordie, 1982). Further, the present study suggests agreement with McLeod and Eckberg's research (1993) which showed that depression and anxiety in a spouse may lead to a decline in marital quality and Umberson's (1995) findings stating "marital quality does appear to be affected

by the death of a parent in a national sample, and in a negative direction" (p. 721). Of particular interest in this area of study is anxiety associated with death and specifically the impact of death anxiety on the marital relationship.

The dimension of death anxiety most often examined is the fear of one's own death (Lester, 1990; Pollak 1980). In this study it was hypothesized that the death of an adult, married-child's parent contributed to the surviving adult child's anxiety level surrounding his or her own mortality. Death anxiety as used in this study was defined by the frequency of negative and disturbing thoughts and feelings associated with one's own mortality. According to Kerr and Bowen (1988) the role of differentiation of self coupled with degree of anxiety are considered to be the "two principle variables or processes defined by family systems theory to explain level of functioning" (p. 112). The effect of these two components were examined as they relate to spousal behavior and functioning following the death of an adult child's parent.

Hypothesis 2b was supported by the analysis. Marital adjustment was better predicted by differentiation of self than by loss or gender. More specifically, the variables of gender and loss were not significant influences. Hypothesis 2b is of particular interest to this study because of the limited research addressing the effects of differentiation of self, loss and gender on marital adjustment. According to Skowron (2000), few empirical studies exist that directly test the relationship between differentiation of self and marital adjustment (Skowron, 2000; Skowron & Friedlander 1998; Skowron &

Friedlander, 1992; Rankin-Esquer, Burnett, Baucom, & Epstein, 1997; Waring & Patton 1984). Thus the findings from this study contributed to this body of literature.

This study involved exploring differentiation of self as a major contributing factor impacting the individual and the quality of the marital relationship following the death of an adult, married child's parent. Low differentiation of the individual has been shown to be positively correlated with marital dissatisfaction (Skowron, 2000). Gottman (1991) reported that "when a long-standing marriage suddenly becomes conflictual, one precipitant can be the recent death of the parent of one of the partners" (p. 81). Although there were many studies addressing the impact of a parent's death on all family members (Kaltreider & Mendelson 1985; Moss & Moss 1984; Birtchnell, 1970c;), only three studies (Umberson, 1995; Gottman, 1991; Kaltreider, Becker & Horowitz, 1984) focused on marital quality following the death of a parent, which can be viewed as a triggering mechanism impacting marital adjustment. Kaltreider et al. (1984) showed that, after the loss of a parent, there was a frequent pattern of strain on a current love dyad. Gottman's (1991) study put forward the position that the death of a parent in middle age can be a precipitating factor increasing conflict in long standing marriages. Although this study implied an interest in the impact of parental death on the marriage of an adult married child, none are found in the literature specifically addressing the role of differentiation of self in predicting marital adjustment following the death of an adult, married-child's parent.

Skowron and Friedlander's (1998) DSI is based on the definition of *differentiation of self* from Bowenian family systems theory as reflecting an individual's "capacity to maintain autonomous thinking and achieve a clear, coherent sense of self in the context of emotional relationships with important others" (p. 237). A person's emotional maturity and unique patterns of thinking and behaving, referred to by Bowen (1978a) in his Family Systems Theory as level of differentiation of self, may be mediative variables in how an adult child adjusts to the loss of a parent that may impact the quality of the marital relationship. Skowron (2000) stated that "in the interpersonal realm, differentiation refers to the ability to experience intimacy with and autonomy from others" (p. 229).

In conclusion, results from hypothesis 2b in this study showed that marital adjustment for individuals following the death of an adult, married-child's parent is positively correlated with differentiation of self and supports Bowenian theory.

The significance of differentiation of self over gender and loss may in part be attributable to its multi-faceted components, which includes emotional cutoff, emotional reactivity, I position, and fusion, all of which have been empirically shown to be directly related to an individual's capacity for interpersonal intimacy. This study showed that loss and gender in and of themselves are not significant factors influencing the quality of the marital relationship.

Results did not indicate the predicted effect for Hypothesis 3a. Females with loss did not report significantly higher levels of distress than males with loss as measured by the linear combination of death anxiety and marital

adjustment. In sum, the results did not support the predictions for Hypotheses 3a, 3b, and 3c.

There are at least three primary reasons why significant results were absent. First, recall that these hypotheses were exploratory in nature and were developed on indirect but highly suggestive results from a limited amount of previous research (Skowron & Friedlander 1998; Carter & McGoldrick, 1988; Luepnitz, 1988; Miller, 1976; Bowen, 1978a). In other words, the present study did not attempt a replication or further extension of prior research but rather attempted to establish an effect not previously demonstrated. Thus the probability of finding significant effects for these hypotheses was lower than with established research. Second, also due the exploratory nature of these hypotheses, the present study was interested in large effects rather than small or medium effects. Put another way, the present study sought to demonstrate effects that are prevalent and thus provide a foundation for theory building rather than refining theory through demonstrating more subtle effects. The sample size in the present study was appropriate for this purpose. Future research might be well guided to include a larger sample to investigate whether small effects exist. Finally, it is possible that gender differences simply do not exist for these variables. Replication is necessary, however, to confirm this claim.

Results did not indicate the predicted effect for Hypothesis 3b. Gender differences were not significant as they pertained to levels of death anxiety for those who had lost a parent during the past three years of their present marital

relationships. Hypothesis 3b was not supported by the findings. It is important to note that in prior studies examining the relationship between higher death anxiety and gender, females scored significantly higher than males on all three death anxiety scales (Templer Scale, 1970; McMordie, 1978). It is speculated that a number of factors may have contributed to the difference between the results of this study and other prior studies. The sample size of 100 participants (50 males and 50 females) in this study is considerably smaller than the above studies that included hundreds of participants. Also the mean age of the participants in this study is considerably higher than participants in the studies mentioned above. Also numerous studies have shown inverse relationships of age and death anxiety. Older persons have shown lower levels of death anxiety than younger persons (DePaola, Neimeyer, Lupfer, & Fiedler, 1992; DePaola, Neimeyer, & Ross, 1994).

Perhaps another confounding variable that may have contributed to lower death anxiety scores for females in this study had to do with religiosity.

Alvarado, Templer, Bresler, and Thomas-Dobson (1995) found that strong religious conviction was associated with less death anxiety. Future studies on death anxiety utilizing an instrument that measures a person's intrinsic religiosity and spiritual well-being should be considered in assessing its impact upon death anxiety.

Recall that hypothesis 3c predicted that females would report significantly lower levels of marital adjustment than males. Hypothesis 3c was made based

on the premise that high emotional reactivity and lower differentiation of self would be associated with lower marital adjustment. Research on loss showed a pattern between gender and emotional reactivity in which females, in general, scored higher (Skowron & Friedlander, 1998). Additional researchers (Rankin-Esquer, Burnett, Baucom, & Epstein 1997, Skowron & Friedlander, 1992, 1998; Skowron, 2000; Waring & Patton, 1984) observed that differentiation of self is correlated with lower marital adjustment. Furthermore, Carter and McGoldrick, (1988), Luepnitz, (1988), and Miller (1976) conceptually maintained that gender differences exist on differentiation, with females likely to endorse emotional reactivity items on the DSI. It is speculated that advancing age may contribute to a lowering of emotional reactivity levels with both females and males however the decline in emotional reactivity with older females may be more pronounced and noticeable, being that research has shown younger females to score significantly higher on emotional reactivity than younger males. Research has shown that emotional regulation may actually increase with age (Carstensen, Mayr, & Nesselroade, 2000). Labouvie-Vief & Devoe (1991) stated that such increase in emotional regulation may be due to a lower incidence of negative affect in older adults and an associated tendency to redefine events by adjusting one's expectations. Decreased negative affect and enhanced emotional regulation with age can result in less emotional responsiveness for older adults, rendering emotions easier to control (Carstensen & Turk-Charles, 1994). If in fact emotional reactivity does decline with age and is more pronounced with females

then it would appear that differentiation of self would remain constant or would increase thus negating the cascading effect of higher emotional reactivity resulting in lower differentiation of self and lower marital adjustment. Recall that the mean age for participants in this study was 48.6 years old which is considerably higher than prior research where the participants measured were 36.8 years of age (Skowron & Friedlander, 1998). Given the present findings, further research is needed to determine if the results of hypothesis 3c were skewed as a result of increased age and its mitigating effect upon levels of emotional reactivity. Based upon the above critical analysis regarding age, gender and marital adjustment it can be speculated that one of the reasons why marital satisfaction wasn't significant for males and females may have to do with the fact that in this study the mean ages of both genders were highly similar.

Besides the influence of age speculation regarding no significant differences for males and females regarding marital adjustment may also have to do with the insulating effect of wealth, and the high level of education of the population surveyed. Also many of the population surveyed are in the baby boom era and that their views of marriage may make them equally satisfied. The population surveyed in this study was dominated by individuals in long-term marriages so the population was not diverse in that sense. Common sense says that long-term married couples are happier than those who divorce. There is also the idea that there was self-selection in returning the questionnaires. Maybe people who are not satisfied did not want to participate, i.e., only the satisfied

returned the survey. Certainly many variables not included in hypothesis 3c could have had influenced the results.

Findings were not consistent with the predictions for Hypotheses 4a and 4b. Married adults who have lost a parent did not report significantly greater death anxiety or lower marital adjustment than married adults who had not lost a parent

Results for hypotheses 4a and 4b in this study indicated that higher levels of death anxiety and lower levels of marital adjustment were not significantly influenced by the loss of a parent. In contrast, it was shown that only differentiation of self significantly influenced levels of death anxiety and marital adjustment. It was postulated that the loss of a parent would serve as an emotional catalyst elevating emotional reactivity, thus significantly influencing levels of death anxiety and marital adjustment regardless of the level of differentiation of self with an individual. Although it was hypothesized (see Hypotheses 1a, 1b, 2a, 2b) that differentiation of self was believed to be a significant factor influencing levels of death anxiety and marital adjustment, its influence was underestimated, and the influence of the variable of loss was overstated.

Practical Implications

The present study on the loss of a biological parent showed that differentiation of self is significantly correlated with both death anxiety and marital adjustment for those who have lost a biological parent during the past

three years of their present marriage. The significant inverse relationship in this study between death anxiety and differentiation of self implies that an individual's level of differentiation can affect one's reaction to the actual loss of a biological parent, potentially impacting the marital relationship. The significant positive correlation with differentiation and marital adjustment in this study indicates that the higher the level of differentiation the higher the level of marital adjustment. Based on these two correlational results the question can be posed as to whether or not a person with low differentiation would also be more likely to fear the loss of the marital relationship as a result of death? A question can be asked as to how a fear of loss regarding the marital relationship may affect a couple's present level of marital adjustment? Research on conjugal loss (Miller, 2000) showed that such a loss can increase depressive symptoms in the surviving spouse. Can the anticipatory fear of losing a conjugal partner also result in depressive symptomatology?

Results supported the use of the Differentiation of Self Inventory (DSI) as a valuable tool in appraising differentiation on both a global level as well as at the sub-areas of emotional cutoff, emotional reactivity, I position, and fusion. All of these sub-areas have been shown empirically to be directly related to an individual's capacity for differentiation (Skowron & Friedlander, 1998). The DSI may also benefit couples who are planning to marry but question their prospective partners' capacities for differentiation that may have an influence on the relationship.

A pre-marital assessment of an individual's capacity to differentiate may serve to alert the couple to deficits in a person and a relationship that can limit or endanger the relationship if not addressed prior to the marital commitment.

The loss of a parent by an adult married child with a low level of differentiation may present a couple with adjustment difficulties that may result in marital alienation and or conflict. The anxiety experienced after the loss may not be understood by the couple, thus setting the stage for conflict that is more difficult to resolve because of the misunderstandings. Previously mentioned characteristics associated with low differentiation makes the process of conflict resolution more difficult for the couple to achieve. Knowledge of these factors can assist a couple in counseling to more directly address these intra and interpersonal deficits.

Because loss and gender were not significantly correlated with death anxiety and marital adjustment, a couple may better direct their energies to focusing more on the underlying dynamics associated with differentiation of self rather than on loss and gender.

The inevitability of parental loss for many adult married children is a major social and psychological issue that, if managed effectively, can be a time of interpersonal growth for a couple rather than a time of unresolved conflict that damages or potentially destroys a marital relationship. A post-hoc inspection in this study did show an unexpected significant interaction. Females with loss reported being significantly more satisfied with their marriages than females

without loss. It is theorized that a factor that may play a role in this finding is that the stressors associated with the caretaking of elderly parents by females may diminish following the death of a parent or parents, thus allowing more time and energy to be invested into the marital relationship. Cohort effects and developmental issues also need to be considered in relation to this premise.

The findings of this study indicate that loss and gender are not significant factors contributing to death anxiety or marital adjustment. It appears that a gender-sensitive stance by both the couple and the counselor on matters related to death anxiety, marital adjustment, and differentiation of self may enable the couple to not waste valuable time and energy attempting to subscribe fault to one of the genders for a person's difficulties in these sensitive areas. Although not faulting gender, there are numerous studies in the literature that maintain that there is a consistent gender difference, with women reporting more intense emotions and greater expression of emotions than males (Seidlitz & Diener, 1998). Grossman and Wood (1993) noted that women report more sadness. Tangney (1990) stated that women acknowledge more shame and guilt than men. Results of this study do not support the position that women are different from men in differentiation of self, death anxiety, emotional reactivity, or marital adjustment. It appears that gender differences continue to be an active area of research in the literature. The results of this study appear to support the position that a more critical analysis as to the validity of gender differences in relation to death anxiety and marital adjustment need to be made. Knudson-Martin's thesis (1994)

addressed the inequity of bi-polarizing males and females in regards to emotional expression. Knudson-Martin also directly challenged Bowen, whom she maintained conceptualized the well-differentiated person according to traits for which males are socialized. Knudson-Martin also stated that Bowen theory runs counter to normal female development by viewing more positively the stereotypic masculine role of individuality than togetherness (see Kerr & Bowen, 1988).

Limitations of Study

It is recognized that there are many important factors contributing to a decline in marital quality in addition to parental death, death anxiety, and the level of differentiation of the bereaved adult child. Communication problems (Greiss & O'Leary, 1981), depression, anxiety (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998), alcohol abuse, and physical aggression (Christensen & Harvey, 1999) constitute some of the other factors that can affect the quality of the marital relationship. It is also acknowledged that in serial or multiple marriages the quality of the marital relationships may also be related to an adult child's parent's death, which may have occurred in the first or any subsequent marriage. However, because of the many complex factors and dynamics that exist over extended periods of time in such marriages, this topic was not researched in this study. It is recognized that the sample is one of convenience consisting only of married heterosexual persons where the ages of the participants and length of time married will not be constant. The assessment of both the husband and wife

rather than just a married individual might have provided the researcher with additional data that could have been useful in better understanding the dynamics of the marital relationship.

Demographic Data

Because the death of an adult married child's parent occurs more frequently in older persons (Winsborough, Bumpass, & Aquilino 1991) and is reflected in this study demographic data ($M = 48.61$, $SD = 9.52$) age must be considered a confounding variable skewing the data. Limits placed upon the respondent's age (minimum of 25) and the least number of years married (minimum of 3) excluded individuals who did not meet these criteria from this study. The high proportion (59%) of White Anglo Saxon Americans in this study coupled with highest levels of education being Master's degree (22%) and highest level of income (\$100,000 to 149,999) representing 25% of the respondents may not reflect the general population of the research area or in general.

Although it is accepted that the death of a parent in one's childhood (Dowdney, Wilson, Maughan, Allerton, Schofield, & Skuse (2000) can be an important variable affecting an individual's quality of marriage later in life, this too was not researched in this study.

This study was primarily focused on level of differentiation, death anxiety and marital adjustment of the participants. This served to ascertain whether a death of a parent played a role in the degree of marital adjustment and death anxiety with these individuals.

Correlational Design

This study was correlational in nature and was prone to the limitations inherent in such a design. Of primary concern is the inability to draw causal inferences from this research for several reasons. This study was not a true experiment therefore control over the levels and manipulation of the independent variables of gender and loss was lacking. In addition, random assignment of people to gender and loss did not occur. Extraneous variables that might have affected the participant's responses also could not be controlled. Furthermore, there was no control of confounding variables that may have obscured significant relationships among the variables of interest. Finally, although the results of this study indicate a significant relationship between differentiation and loss and marital satisfaction, it cannot be claimed that differentiation and loss have a direct effect on marital adjustment. In fact, differentiation and loss may be related to some unidentified variable(s) that directly affect(s) the independent variables in this study.

Implication for Future Research

The death of a loved one at any age presents the surviving individuals with many challenges. In this study the primary focus was the loss of an adult child's parent and the effects upon a couple's marital relationship. Studies addressing loss that include an assessment of how work, normal day-to-day activities, and self-esteem are affected may add to a better understanding of the macro impact of the loss. Because of the grieving and sadness associated with

loss, inclusion of a depression inventory may aid in assessing an individual's proneness to experiencing depression as a result of loss. McLeod and Eckberg's research (1993) showed that depression and anxiety in a spouse may lead to a decline in marital quality.

Future research in the area of differentiation appears warranted considering the importance of this dynamic in marital adjustment and death anxiety. In this study differentiation has shown itself to be a more significant predictor of marital adjustment than loss or gender. According to Kerr and Bowen (1978) the variable of "personality traits such as obsessiveness and hysteria, impulsiveness and indecisiveness, passivity and aggressiveness, shyness and obtrusiveness, procrastination, perfectionism, paranoia, grandiosity, optimism and pessimism can also serve as anxiety binders which reflects "a high degree of emotional need for and reactivity to others" (p. 119). Bowen maintained that relationships are by far the most effective anxiety binders.

Other anxieties or life events not specifically associated with death can be studied and how a person's level of differentiation may determine the ability of an individual to cope or adapt to other emotional challenges. The importance and significant influence of differentiation of self in this study warrants its consideration and inclusion in future studies to determine its effect on individuals being challenged by other life situations that may prompt high levels of anxiety.

Adult married individuals married three years or less and who have experienced the death of a parent during that time may provide useful information as to the differences in adaptability to the marriage as it relates to age of the respondents. Alcohol consumption, self-concept, and physical health prior to and after the death of a parent may also provide additional information as to coping mechanisms in the bereaved.

Conclusion

This study added to the research on the significant influence of differentiation of self as it relates to gender, marital adjustment, and death anxiety in adult married children who have lost a parent within the last three years of their present relationship.

In support of Bowen's Family System Theory (1978b) on differentiation of self as it relates to gender this study found no significant differences between males and females on the measure of differentiation of self. This study also showed no significant differences for marital adjustment between males and females, no significant differences for death anxiety between males and females, and no significant differences for emotional reactivity between males and females who have lost or not lost a parent. The findings in this study regarding gender differences for death anxiety are in contrast to prior studies (Berman & Hays, 1973; Lucas 1974; Pandey & Templer, 1972; Robbins, 1989; Templer et al. 1971) in which females scored significantly higher than males. No definitive conclusions can be drawn as to what in this study contributed to an absence of gender differences in relation to death anxiety.

Although the variables of age and religiosity in this study were not addressed, it appears that these variables may influence levels of death anxiety. Twelker (2004) stated that inverse relationships exist between age and death anxiety and that religious persons have more positive attitudes toward death than non-religious persons. The variables of age and religiosity should be of primary consideration in future studies addressing the issue of death anxiety as it relates to gender.

No definitive conclusions can be drawn as to what contributed to the difference from other research on the topic of gender and emotional reactivity.

The variables of gender and loss were shown to be insignificant influences regarding marital adjustment and death anxiety in this population. The variables of death anxiety and marital adjustment also showed no significant gender differences for those who have lost a parent. One direction that can be explored that may have contributed to these differences in results is the differences in the sample population of this study versus other studies which focused more on college students than the general population.

This study did not support the hypotheses that married adults who have lost a parent will report greater death anxiety or lower marital adjustment than those who have not lost a parent. The variable of loss was not significant for either of these variables as it relates to death anxiety or marital adjustment.

In conclusion, the results of this study revealed that the death of a parent and death anxiety do not significantly influence an adult child's view of his/her

own marriage. However, the results showed that levels of differentiation were related negatively with death anxiety and positively with marital adjustment.

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Appendices

Appendix A

Participant Introduction and Information Sheets

Letter of invitation to participate in research project

Participant Introduction and Information Sheets

Dear potential participant:

My name is Francis S. Gaal. I am a doctoral candidate in the Marriage and Family Ph.D. Program at Seton Hall University's Department of Professional Psychology and Family Therapy. I want to thank you for requesting this packet of materials and for considering being a part of a study to examine the relationship of married individuals and how loss/grief impacts the marital relationship. I am interested in learning more about married persons, 25 years or older, who may or may not have lost a parent in the last three years of their present marriage. I am examining the relationship between marital adjustment, anxiety and death.

Your participation in this study is completely voluntary, and you may choose to withdraw from this study at any time for any reason without penalty. Your responses to the questionnaires will remain anonymous. All packets returned will remain strictly confidential. Please exclude any identifying information from your returned packet.

If you choose to participate I ask you to complete the following four questionnaires:

Brief Description of Questionnaires

1. Demographic questionnaire contains questions that reflect personal information that is deemed important to this study such as gender, age, marital status.
2. Differentiation of Self Inventory is a questionnaire consisting of 43 questions concerning your thoughts and feelings about yourself, your relationship with others that can be answered by circling the number that best describes your thoughts and feelings. Sample questions: "People have remarked that I'm overly emotional." "I often feel inhibited around my family." "I'm fairly self-accepting." "I wish that I weren't so emotional."
3. Dyadic Adjustment Scale is a questionnaire consisting of 32 items measuring overall marital adjustment. Questions 23 to 32 will ask that you circle the most appropriate response. Sample questions: "How often do you and your partner quarrel?" "Do you confide in your mate?" "How often do you laugh together?" "How often do you calmly discuss something?"
4. Templer/McMordie Death Anxiety Scale is a questionnaire consisting of 15 questions to measure level of death anxiety. Sample questions: "I feel the future holds nothing for me to fear." "The thought of death seldom enters my mind." "I dread to think about having to have an operation." "I am often distressed by the way time flies so rapidly."

The approximate time to complete the four questionnaires is one hour.

Due to the highly sensitive nature of the instruments used in this study some people might take more than one hour to complete the questionnaires. If you experience any discomfort as a result of participating in this study you may discontinue at any time. Whether such feelings do or do not arise for you, you should consider this perfectly normal. However, if the feelings persist, you may wish to contact your spiritual advisor or counselor, therapist to discuss your feelings. While it would be inappropriate for me to suggest a particular counselor to you, you may want to consider contacting the Lehigh Valley Psychological Association (LVPA) at 610-432-0200. LVPA has a list of therapists in the Lehigh Valley. Alternatively, if you have a mental-health benefit as part of your medical insurance, you may wish to contact the insurance company which handles your mental-health benefit and whose toll-free number may be listed on the back of your insurance card, for a referral to a therapist authorized by your insurance carrier. If you have questions about the study itself you may contact me, without giving your name at 610-865-1538 ext. 2 or you may telephone my advisor, Dr. Robert Massey, at 973-761-9451.

All data will be secured by this researcher and stored in a locked file cabinet in the researcher's private office. Upon completion of this study all questionnaires will be kept for a period of up to three years whereupon all questionnaires will be shredded and disposed of.

*There are no expected benefits to individuals participating in this research.

No one will be excluded on the basis of his or her scores. Incomplete surveys and/or surveys improperly completed will not be included in the final analysis. Data submitted after March 1st 2005 may not be used in the final analysis.

Your return of this packet with the questionnaires completed implies your consent to participate in this study

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human participant's research (IRB). The IRB believes that the research procedures adequately safeguard the participant's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275- 2997 or (973) 313-6314.

*See page 115

Appendix B
Newspaper Flyer Solicitation

NEWSPAPER / FLYER SOLICITATION

Study of Married Individuals

Purpose of the study and duration of participation

This study will examine the relationship of married individuals and how loss/grief impacts the marital relationship. Participation is expected to take approximately one hour.

*Benefits of participating in the study

Benefits include reflecting on your own marital relationship, contributing to the scientific knowledge regarding the effects of grief/loss on the marital relationship.

Criteria for participation

- 1) Participants must be 25 years or older.
- 2) Participants must be legally married to their present spouse for no less than 3 years.

Contact Information

This research is conducted by Francis S. Gaal, M.Ed., LMFT, a doctoral candidate in the Marriage and Family Program at Seton Hall University's Department of Professional Psychology and Family Therapy. Individuals interested in participating should e-mail Counselingworks.com and connect at the site to Francis S. Gaal or telephone (610) 865-1538 ext. 2 regarding inquiries.

Project Approval

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subjects' approval, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2974.

Explanation of Procedures

Participation is voluntary. You may withdraw from the study at any time without penalty or loss. You are asked to complete research packets containing a short demographic questionnaire, marital adjustment questionnaire, death anxiety questionnaire and differentiation of self questionnaire.

Your response to the questionnaires will remain anonymous to anyone other than the researcher.

Participant records will be stored in a locked cabinet to maintain confidentiality.

You may request a report of the final study results. Results will describe the effects that loss/grief have on the marital relationship. This study is not designed to give feedback to individual persons. You may call the researcher anonymously with any questions or concerns about the study. You may also call the project supervisor, Dr. Robert Massey, at (973) 761-9591 or 9451. You can also e-mail Dr. Robert Massey at masseyro@shu.edu.

*See page 113

Appendix C
Oral Solicitation

Letter of Solicitation

Participant Introduction and Information Sheets

Dear participant:

My name is Francis S. Gaal. I am a doctoral candidate in the Marriage and Family Program at Seton Hall University's Department of Professional Psychology and Family Therapy.

I want to thank you for accepting this packet of materials and for considering being a part of a study that examines the relationship of married individuals and how loss/grief impacts the marital relationship. The results of this dissertation in the Doctoral Program in Marriage and Family Psychology Program in the Department of Professional Psychology and Family Therapy at Seton Hall University will depend in part upon the involvement of married individuals who have or have not lost a parent during the past three years of their marriage.

Your participation in this study is completely voluntary and you may choose to withdraw from this study at any time for any reason without penalty.

Your responses to the questionnaires will remain anonymous to anyone other than the researcher. All packets returned will remain strictly confidential and coded by number, not name. Packets will be assigned a number corresponding to the order in which they were received.

All data will be secured by this researcher and stored in a locked file cabinet in the researcher's private office. Upon completion of this study all questionnaires will be kept for a period of up to three years whereupon all questionnaires will be shredded and properly disposed of.

Brief Description of Questionnaires

5. Demographic questionnaire contains twelve questions that reflect personal information that is deemed important to this study such as gender and age.
6. Differentiation of Self Inventory is a questionnaire consisting of 43 questions concerning your thoughts and feelings about yourself your relationship with others that can be answered by circling the number that best describes your thoughts and feelings. Responses will range on a continuum from 1 not at all true of me to 6 very true of me. Sample question: "People have remarked that I'm overly emotional."
7. Dyadic Adjustment Scale is a questionnaire consisting of 32 items measuring one's overall marital adjustment, which can be answered by circling the number, which best describes the degree of your agreement or disagreement between you and your partner. Questions one to twenty-two will range on a continuum from 1 always agree to 5 always disagree. Questions 23 to 32 will

ask that you circle the most appropriate response. Sample question: "How often do you and your partner quarrel?"

8. Templer/McMordie Death Anxiety Scale is a questionnaire consisting of 15 questions that measure level of death anxiety. Responses will range on a continuum from 1 very strongly agree to 7 very strongly disagree. An undecided box after each question should be checked if none of the seven responses apply.

Sample question: "I feel the future holds nothing for me to fear."

The approximate time to complete the four questionnaires is one hour.

This project has been reviewed and approved by the Seton Hall University Review Board for Human participant's research (IRB). The IRB believes that the research procedures adequately safeguard the participant's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2997 or (973) 313-6314.

Appendix D
Demographic Questionnaire

Demographic Questionnaire

Please put a check mark () on the following lines:

A. I am

(1) _____ Male

(2) _____ Female

B. Age _____

C. Present Marital Status:

(1) _____ Married

(2) _____ Not Married

D. Years married in present relationship _____

E. Number of children in present marriage _____

F. Ages of children in present marriage _____

G. Number of marriages, including present marriage _____

H. Ages of other children from prior marriages and relationships if applicable _____

I. Your Culture/Ethnicity _____

J. Your highest level of education (check one)

- 1) some grammar school _____ 2) completed grammar school _____ 3) finished grade 8 _____
 4) some high school _____ 5) high school graduate _____ 6) finished grade 12 _____ 7) some college _____
 8) Associate's (2yr.) degree or equivalent _____ 9) college graduate (4 year) _____ 10) some graduate school _____ 11) Master's Degree or equivalent _____ 12) Doctorate/M.D./J.D. _____
 13) other (specify) _____

K. Your religious orientation _____

L. Are both of your biological parents alive? Yes _____ No _____

Is mother living? Yes _____ No _____

Is father living? Yes _____ No _____

M. If deceased, how long ago did they die?

(Mother) Years _____ Months _____ Mother's age at time of death _____

(Father) Years _____ Months _____ Father's age at time of death _____

N. Age of self at time of mother's death _____

Age of self at time of father's death _____

O. Has your wife/husband also lost a parent to death at any time during the past three years? If so

How many years _____ and months _____. Which parent _____

P. Your household yearly income (check one)

- | | | |
|----------------------|----------------------|--------------------------|
| 1) \$0-\$9,999 | 5. \$40,000-\$49,999 | 9. \$80,000- \$89,999 |
| 2) \$10,000-\$19,999 | 6. \$50,000-\$59,999 | 10. \$90,000- \$99,999 |
| 3) \$20,000-\$29,999 | 7. \$60,00-\$69,999 | 11. \$100,000- \$149,999 |
| 4) \$30,000-\$39,999 | 8. \$70,000-\$79,999 | 12. \$150,000 or more |

Appendix E
Dyadic Adjustment Scale

DAS by Graham B. Spanier, Ph.D.

Name _____ Sex M F Marital Status _____ Age _____

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Circle the star under one answer for each item

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances.....	*	*	*	*	*	*
2. Matters of recreation.....	*	*	*	*	*	*
3. Religious matters.....	*	*	*	*	*	*
4. Demonstrations of affection.....	*	*	*	*	*	*
5. Friends.....	*	*	*	*	*	*
6. Sex relations.....	*	*	*	*	*	*
7. Conventionality (correct or proper behavior).....	*	*	*	*	*	*
8. Philosophy of life.....	*	*	*	*	*	*
9. Ways of dealing with parents or in-laws.....	*	*	*	*	*	*
10. Aims, goals, and things believed important.....	*	*	*	*	*	*
11. Amount of time spent together.....	*	*	*	*	*	*
12. Making major decisions.....	*	*	*	*	*	*
13. Household tasks.....	*	*	*	*	*	*
14. Leisure time interests and activities.....	*	*	*	*	*	*
15. Career decisions.....	*	*	*	*	*	*

	All The Time	Most Of The Time	More Often Than Not	Occasionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or termination of your relationship?.....	*	*	*	*	*	*
17. How often do you or your mate leave the house after a fight?.....	*	*	*	*	*	*
18. In general, how often do you think that things between you and your partner are going well?.....	*	*	*	*	*	*
19. Do you confide in your mate?.....	*	*	*	*	*	*
20. Do you ever regret that you married (or lived together)?.....	*	*	*	*	*	*
21. How often do you and your partner quarrel?.....	*	*	*	*	*	*
22. How often do you and your mate get on each others' nerves?.....	*	*	*	*	*	*

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?.....	*	*	*	*	*

	All Of Them	Most Of Them	Some Of Them	Very Few Of Them	None Of Them
24. Do you and your mate engage in outside interests together?.....	*	*	*	*	*

	Never	Less Than Once A Month	Once Or Twice A Month	Once Or Twice A Week	Once A Day	More Often
How often do the following occur between you and your mate?						
25. Have a stimulating exchange of ideas.....	*	*	*	*	*	*
26. Laugh together.....	*	*	*	*	*	*
27. Calmly discuss something.....	*	*	*	*	*	*
28. Work together on a project.....	*	*	*	*	*	*

These are some things about which couples sometimes agree or disagree. Indicate if either item caused differences of opinions or were problems in the past few weeks.

	Yes	No
29. Being too tired for sex.....	*	*
30. Not showing love.....	*	*

31. The stars on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Circle the star above the phrase which best describes the degree of happiness, all things considered, of your relationship.

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	happy	Very Happy	Extremely Happy	Perfect
*	*	*	*	*	*	*

32. Which of the following statements best describes how you feel about the future of your relationship? Circle the letter for one statement.

- A. I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- B. I want very much for my relationship to succeed, and will do all I can to see that it does.
- C. I want very much for my relationship to succeed, and will do my fair share to see that it does.
- D. It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.
- E. It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- F. My relationship can never succeed, and there is no more that I can do to keep the relationship going.

Appendix F

Differentiation of Self Inventory

Differentiation of Self Inventory

These are questions concerning your thoughts and feelings about yourself and relationship with others. Please read each statement carefully and decide how much the statement is *generally true* of you on a 1 (*not at all*) to 6 (*very*) scale. Be sure to answer every item and try to be as honest and accurate as possible in your responses.

	Not at all True of me					Very true of me
1. People have remarked that I'm overly emotional.	1	2	3	4	5	6
2. I have difficulty expressing my feelings to people I care for.	1	2	3	4	5	6
3. I often feel inhibited around my family.	1	2	3	4	5	6
4. I tend to remain pretty calm even under stress.	1	2	3	4	5	6
5. When someone close to me disappoints me, I withdraw from him or her for a time.	1	2	3	4	5	6
6. No matter what happens in my life, I know that I'll never lose my sense or who I am.	1	2	3	4	5	6
7. I tend to distance myself when people get too close to me.	1	2	3	4	5	6
8. It has been said (or could be said) of me that I am still very attached to my parent(s).	1	2	3	4	5	6
9. I wish that I weren't so emotional.	1	2	3	4	5	6
10. I usually do not change my behavior simply to please another person.	1	2	3	4	5	6
11. My spouse or partner could not tolerate it if I were to express to him or her my true feelings about some things.	1	2	3	4	5	6
12. Whenever there is a problem in my relationship, I'm an get it settled right away.	1	2	3	4	5	6
13. At times my feelings get the best of me and I have trouble thinking clearly.	1	2	3	4	5	6
14. When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.	1	2	3	4	5	6
15. I'm often uncomfortable when people get too close to me.	1	2	3	4	5	6
16. It's important for me to keep in touch with my parents regularly.	1	2	3	4	5	6
17. At times, I feel as if I'm riding an emotional roller coaster.	1	2	3	4	5	6
18. There's no point in getting upset about things I cannot change.	1	2	3	4	5	6
19. I'm concerned about losing my independence in intimate relationships.	1	2	3	4	5	6
20. I'm overly sensitive to criticism.	1	2	3	4	5	6
21. When my spouse or partner is away for too long, I feel like I am missing a part of me.	1	2	3	4	5	6
22. I'm fairly self-accepting.	1	2	3	4	5	6
23. I often feel that my spouse or partner wants too much from me.	1	2	3	4	5	6
24. I try to live up to my parents' expectations.	1	2	3	4	5	6
25. I am able to say no to others even when I feel pressured by them.	1	2	3	4	5	6
26. When one of my relationships becomes very intense, I feel the urge to run away from it.	1	2	3	4	5	6
27. Arguments with my parent(s) or sibling(s) can still make me feel awful.	1	2	3	4	5	6
28. I'm less concerned that others approve of me than I am about doing what I think is right.	1	2	3	4	5	6
29. I would never consider turning to any of my family members for emotional support.	1	2	3	4	5	6
30. I find myself thinking a lot about my relationship with my spouse or partner.	1	2	3	4	5	6
31. I'm very sensitive to being hurt by others.	1	2	3	4	5	6
32. My self-esteem really depends on how others think of me.	1	2	3	4	5	6
33. When I'm with my spouse or partner, I often feel smothered.	1	2	3	4	5	6
34. I worry about people close to me getting sick, hurt, or upset.	1	2	3	4	5	6
35. When things go wrong, talking about them usually makes it worse.	1	2	3	4	5	6
36. I feel things more intensely than others do.	1	2	3	4	5	6
37. I usually do what I believe is right regardless of what others say.	1	2	3	4	5	6
38. Our relationship might be better if my spouse or partner would give me the space I need.	1	2	3	4	5	6
39. I tend to feel pretty stable under stress.	1	2	3	4	5	6
40. My relationship might be better if my spouse or partner would give me the space I need.	1	2	3	4	5	6
41. I tend to feel pretty stable under stress.	1	2	3	4	5	6
42. Our relationship might be better if my spouse would give me the space I need.	1	2	3	4	5	6
43. I tend to feel pretty stable under stress.	1	2	3	4	5	6

Appendix G

Templar / McMordie Death Anxiety Scale

Templer/McMordie II Scale

DIRECTIONS: This form contains a series of statements. Read each one, decide how you feel about it and put an X on the line below to indicate how you feel about it. If you cannot make up your mind about a statement put an X next to undecided. Try to use the undecided and neutral ratings as little as possible. Please answer all items.

Example

A. I enjoy reading novels.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
_____ Undecided						

1. I am very much afraid to die.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
_____ Undecided						

2. The thought of death seldom enters my mind.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
_____ Undecided						

3. It doesn't make me nervous when people talk about death.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
_____ Undecided						

4. I dread to think about having to have an operation.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
_____ Undecided						

5. I am not at all afraid to die.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
_____ Undecided						

6. I am not particularly afraid of getting cancer.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
_____ Undecided						

7. The thought of death never bothers me.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
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____ Undecided

8. I am often distressed by the way time flies so rapidly.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

9. I fear dying a painful death.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

10. The subjects of life after death troubles me greatly.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

11. I am really scared of having a heart attack.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

12. I often think about how short life really is.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

13. I shudder when I hear people talking about World War III.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
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____ Undecided

14. The sight of a dead body is horrifying to me.

Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
---------------------------	----------------------	----------	---------	-------	-------------------	------------------------

____ Undecided

15. I feel the future holds nothing for me to fear.

Very Strongly Agree	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Very Strongly Disagree
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____ Undecided